



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012293 1. Entity Name SIGNAL CENTER ASSOCIATION, INC.	
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Principal Place of Business C/O HOVLAND, INC. 11983 TAMiami TRAIL NORTH, SUITE 100 NAPLES, FL 34110	Mailing Address C/O HOVLAND, INC. 11983 TAMiami TRAIL NORTH, SUITE 100 NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8440485	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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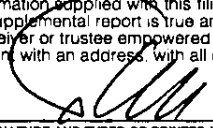
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOVLAND, STEVEN T 11983 TAMiami TRAIL NORTH, SUITE 100 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MOGELVANG, ERIC 11983 TAMiami TRAIL NORTH, SUITE 100 NAPLES, FL 34110
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/08-80013-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:  **2-19-08** **(239) 594-7777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #