


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90032 025 ****61.25

DOCUMENT # 718642
 1. Entity Name
SAVOY EAST ASSOCIATION, INC.



Principal Place of Business
 3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062

Mailing Address
 3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-1523410** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RANDALL K. ROGER & ASSOCIATES
 621 NW 53 ST
 SUITE 300
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEDERIDS, DEAN	
STREET ADDRESS	3210 SE 10 STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODGE, VIVIAN	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DA SILVA, RUBEN	
STREET ADDRESS	3210 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIFABIO, VINCENT	
STREET ADDRESS	3210 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	MULHERN, ALICE	
STREET ADDRESS	3210 SE 10TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRUSSOS, NICK	
STREET ADDRESS	3210 SE 10TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, JASON	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDeiros, BARBARA	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SDTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeRupa, CHERYL	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jason Olson* **JASON OLSON** President **3/28/04** 954-712-6958
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #