

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90034 046 ****61.25

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-1523410 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
WICH, THOMAS M
2400 E COMMERCIAL BLVD
#620
FORT LAUDERDALE FL 33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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 type="checkbox"/> Delete
NAME	JANSSEN, DON	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<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 F.	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEDEIROS, BARBARA	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BINGLER, FRED	
STREET ADDRESS	3210 SE 10TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CINCOTTA, MATILDA	
STREET ADDRESS	3210 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Blessoe	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS CONNORS	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD DEAN MEDEIROS	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BINGLER, FRED	
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 exemptions contained in Section 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: *[Signature]* Date: **2/25/08**