

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759583 (8)

1. Corporation Name

THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/12/1981
3a. Date of Last Report 02/18/1994
4. FEI Number 59-2205359
Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Principal Place of Business 1725 LAKEFRONT BLVD FT PIERCE FL 34982 US
Mailing Address 1725 LAKEFRONT BLVD FT PIERCE FL 34982 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
CORNETT, JANE
WACKEEN, CORNETT & GOOGE
401 E. OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PELLEGRINO, NANCY
STREET ADDRESS	1754 LAKEFRONT BLVD
CITY-ST-ZIP	FT PIERCE FL
TITLE	VPD
NAME	COMINS, ROBERT
STREET ADDRESS	1715 W ROYAL TERN LANE
CITY-ST-ZIP	FORT PIERCE FL
TITLE	SD
NAME	LAZARUS, ELSIE
STREET ADDRESS	1724 LAKEFRONT BLVD
CITY-ST-ZIP	FT PIERCE FL
TITLE	DD
NAME	COOKE, MELVA
STREET ADDRESS	1702 LAKEFRONT BLVD.
CITY-ST-ZIP	FT PIERCE FL
TITLE	TD
NAME	WEBER, ARNOLD
STREET ADDRESS	1775 S DOVETAIL DRIVE
CITY-ST-ZIP	FT PIERCE FL
TITLE	DD
NAME	CHARLES, BOLIN
STREET ADDRESS	1770 W SANDERLING LANE
CITY-ST-ZIP	FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BALOGH, LOUIS
1.3 STREET ADDRESS	1783 W. ROYAL TERN LANE
1.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
2.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOLON, CHARLOTTE
2.3 STREET ADDRESS	1756 LAKEFRONT BLVD
2.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
3.1 TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VELEZ, FRANK
3.3 STREET ADDRESS	1740 W. ROYAL TERN LANE
3.4 CITY-ST-ZIP	FORT PIERCE, FL 34982
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Pellegrino 2/20/95 (407)465-9132
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #