

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **759583** (8)
1. Corporation Name
THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.



Principal Place of Business: 1725 LAKEFRONT BLVD FT PIERCE FL 34962 US
Mailing Address: 1725 LAKEFRONT BLVD FT PIERCE FL 34962 US

3. Date Incorporated or Qualified: 06/12/1981
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.
4. FEI Number: 59-2205359
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELEGRINO, NANCY	1.2 NAME	
STREET ADDRESS	1754 LAKEFRONT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMINS, ROBERT	2.2 NAME	
STREET ADDRESS	1715 W ROYAL TERN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, ELIE	3.2 NAME	SD SOLON, CHARLOTTE
STREET ADDRESS	1724 LAKEFRONT BLVD	3.3 STREET ADDRESS	1756 LAKEFRONT BLVD
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE, FL
TITLE	DD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, MELVA	4.2 NAME	DD KONOPELKO, SARAH
STREET ADDRESS	1702 LAKEFRONT BLVD	4.3 STREET ADDRESS	1708 W. SANDERLING LANE
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	FT. PIERCE, FL
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, ARNOLD	5.2 NAME	
STREET ADDRESS	1775 S DOVETAIL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, BOLIN	6.2 NAME	
STREET ADDRESS	1770 W SANDERLING LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E037 (12/95)