FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

759583

(8)

THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.

Principal Place of Business Mailing Address 1725 LAKEFRONT BLVD 1725 LAKEFRONT BLVD FT PIERCE FL 34982 FT PIERCE FL 34982-8005 3. Date Incorporated or Qualified 08/12/1981 te of Last Report 02/26/1996 3a. Date of 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2205359 21 26 Not Applicable Suite, Apt. #, etc Sulte, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032. 24 ☐ Yes ☐ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORNETT, JANE 62 Street Address (P.O. Box Number is Not Acceptable) **WACKEEN, CORNETT & GOOGE B3 401 E. OSCEOLA STREET** STUART FL 34994 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD □ DELETE 1.1 TITLE ☐ Change Addition NAME PELLEGRINO, NANCY 1.2 NAME 1754 LAKEFRONT BLVD STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VPD DELETE 2.1 TITLE Change Change Addition DIRECTOR COMINS, ROBERT COMINS, ROBERT NAME 2.2 NAME 1715 W. ROYAL TERN LANE 1715 W ROYAL TERN LANE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 2.4 CITY-ST-ZIP FORT PIERCE TITLE SD DELETE 3.1 TITLE Change ___ Addition SOLON, CHARLOTTE NAME 3.2 NAME 1756 LAKEFRONT B;VD STREET ADDRESS 3.3 STREET ADDRESS FORT PIERCE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE __ DELETE Change Addition 4 1 TITLE KONOPELKO, SARAH NAME 4. 2 NAME 1708 W. SANDERLING LANE STREET ADDRESS 4.3 STREET ADDRESS FORT PIERCE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITEF TD 5.1 TITLE WEBER, ARNOLD NAME 5.2 NAME 1775 S DOVETAIL DRIVE STREET ADDRESS 5.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DD DELETE V.P. Change **Addition** 6.1 TITLE ALFRED SERGEL CHARLES, BOLIN NAME 6.2 NAME LAKE FRONT BLVD. 1770 W SANDERLING LANE STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP FT PIERCE FL

14. I do 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 ennual 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. pellegr/No SIGNATURE:

1-16-97

61-2895

(96/6)

FILED

Feb 03 1997 8:00am

Secretary of State