FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759583

1. Corporation Name

THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1.

Principal Place of Business 1725 LAKEFRONT BLVD FT PIERCE FL 34982

Suite, Apt. #, etc.

City & State

23

2. Principal Place of Business

Mailing Address

1725 LAKEFRONT BLVD FT PIERCE FL 34982

2a. Mailing Address

City & State

Suite, Apt. #. etc.

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FILED Feb 19, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

08/12/1981

59-2205359

FEI Number

24	Country	2ip 29		Country		6. Election Campaign	Financing	\$5.00	May Be		
24	25	30			Trust Fund Contribu	ition	Added 1				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			8	1 ¹	Name						
CORNETT, JANE					Street Addres	s (P.O. Box Number is N	lot Assortable)				
WACKEEN, CORNETT & GOOGE				2 5		o (i .o. box indiliber is in	ioi Acceptable)				
401 E. OSCEOLA STREET				3			 				
STUART FL 34994				+				·			
			84	1	City		F	85 Zip (Code		
11. Pursuani office or agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	2 and 617.1508, Florida Statute of Florida. Such change was a ions of, Section 617.0503, Flor	es, the above uthorized by rida Statutes	/e-na / the s.	amed corpora corporation's	ation submits this statem s board of directors. I he			registered gistered		
SIGNATURE											
12.	Signature, typed or printed name of registered agent		Registered Age	nt sig	nature required wh	nen reinstating)	DATE				
TITLE	OFFICERS ANI		13.			ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO	RS IN 12		
	PD	DELETE	1.1 TITLE					Change	☐ Addition		
NAME	PELLEGRINO, NANCY		1.2 NAME		1						
STREET ADDRESS	TOT BUILD NOTE BETT		1.3 STREE	1.3 STREET ADDRESS							
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-S	T-ZIP	,						
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	Addition		
NAME	COMINS, ROBERT		2.2 NAME		i						
STREET ADDRESS	11 10 11 HOLVE LEISIA EVIAE		2.3 STREET	TADD	RESS						
CITY-ST-ZIP	FORT PIERCE FL		2.4 CITY-S	37- <i>7</i> 1F	,						
TITLE	SD	☐ DELETE	3.1 TITLE				·	Change	Addition		
NAME	SOLON, CHARLOTTE		3.2 NAME					□ cuange	☐ Addition		
STREET ADDRESS	1756 LAKEFRONT B;VD		3.3 STREET	[ADD)	DECC						
CITY-ST-ZIP	FORT PIERCE FL		3.4. CITY-S								
TITLE	D	☐ DELETE	4.1 TITLE	1-217	- -						
NAME	BALOGH, LOUIS	<u> </u>	4.2 NAME				•	☐ Change	☐ Addition		
STREET ADDRESS	1783 W ROYAL TERN LN				7500				•		
CITY-ST-ZIP	FORT PIERCE FL 34982		4.3 STREET		RESS				į		
TITLE	TD	☐ DELETE	4.4 CITY-ST	-ZIP							
NAME	WEBER, ARNOLD	-J DALL!L	5.1 TITLE 5.2 NAME					Change	☐ Addition		
STREET ADDRESS	1775 S DOVETAIL DRIVE			1000							
CITY-ST-ZIP	FT PIERCE FL		5.3 STREET		(E20)				Į		
TITLE	VP	☐ DELETE	5.4 CITY-ST 6.1 TITLE	- ZIP							
NAME	**	☐ DETE15						☐ Change	☐ Addition		
	SERGEL, ALFRED		6.2 NAME								
STREET ADORESS	1744 LAKE FRONT BLVD.		6.3 STREET		ESS						
OITY-ST-ZIP	FT. PIERCE FL	u . 60	6.4 CITY-ST	ZIP							
indicated a	ertify that the information supplied with	this filing does not qualify for the	he exemption	n st	ated in Section	on 119 07/3\(i) Florida S	totutos I frutha				

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, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

Not Applicable