

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759583
1. Entity Name
The SAVANNAHs Condominium
ASSOCIATION SECTION I, Inc.

FILED
01 MAR 23 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
170 W. ROYAL Tern Ln DO Box 65
FT Pierce, FL 34982 Jensen Beach, FL 34958

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-04/04/01--01069--010
****297.50 ****297.50
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-2205359 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REINSTATEMENT 2000-01

7. Name and Address of New Registered Agent
Name: Lorraine A. Forte
Street Address (P.O. Box Number is Not Acceptable):
1274 NE BUSINESS PARK PL
City: Jensen Beach FL Zip Code: 34957

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.
SIGNATURE: Lorraine A. Forte DATE: 2/13/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Robert Lucenti	1726 N. DOVE TAIL DR	FT Pierce, FL 34982	<input type="checkbox"/>
	Charles E. Bolin	1770 W. SANDWELLING LANE	FT. PIERCE, FL 34982	<input type="checkbox"/>
	Charlotte Solon	1756 LAKEFRONT BLVD.	FT. PIERCE, FL 34982	<input type="checkbox"/>
	Arnold Weber	1775 So. DOVE TAIL DR	FT. PIERCE FL 34982	<input type="checkbox"/>
	Stephen O. Voigt	1730 W. ROYAL TERN LN.	FT. PIERCE, FL 34982	<input type="checkbox"/>
	Graves	1694 W. Royal Tern Lane	FT. PIERCE, FL 34982	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	Lucenti, Robert	1726 N. DOVE TAIL DR	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Bolin, Chuck	1770 W SANDWELLING LANE	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Solon, Charlotte	1756 LAKEFRONT BLVD	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Webber, Arnold	1775 S. DOVE TAIL DR	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Voigt, Stephen	1730 W. ROYAL TERN LN	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GRAVES, MARY LOU	1694 W. ROYAL TERN LN	FT. PIERCE, FL 34982	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Chert...*

CR2297 1/01/01