
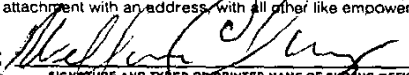


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90042 043 ****61.25

DOCUMENT # 759583			
1. Entity Name THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.			
Principal Place of Business 1725 LAKE FRONT BLVD FORT PIERCE, FL 34982 US		Mailing Address 969 S FEDERAL HWY SUITE 401 STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIGNATURE PROPERTY MANAGEMENT 401 S FEDERAL HWY SUITE 401 STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, FRANK	NAME	
STREET ADDRESS	1740 W BOYAL TERR LN	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANCY, WILLIAM	NAME	
STREET ADDRESS	1719 N DOVE TRAIL DR	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISCOE, KEN	NAME	
STREET ADDRESS	1708 LAKEFRONT BLVD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, ARNOLD	NAME	TD
STREET ADDRESS	1775 S. DOVE TAIL DR.	STREET ADDRESS	Joyce Story
CITY-ST-ZIP	FT PIERCE, FL 34982	STREET ADDRESS	1725 Lake front Blvd
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Fort Pierce, FL 34982
NAME	SAWICKI, MARK	NAME	Karen McCullough
STREET ADDRESS	1725 W SANDRLING LANE	STREET ADDRESS	1725 Lake Front Blvd
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	D <input type="checkbox"/> Delete	TITLE	See <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARANOWSKI, HELGA	NAME	
STREET ADDRESS	1725 W. SANDERLING LANE #177-R	STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 34982	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 5/17/06 Daytime Phone #: 772-579-8906	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40093658



05012006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2205359 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
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CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	PD <input type="checkbox"/> Delete
NAME	CIANCY, WILLIAM
STREET ADDRESS	1719 N DOVE TRAIL DR
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	VPD <input type="checkbox"/> Delete
NAME	HISCOE, KEN
STREET ADDRESS	1708 LAKEFRONT BLVD
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	WEBER, ARNOLD
STREET ADDRESS	1775 S. DOVE TAIL DR.
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SAWICKI, MARK
STREET ADDRESS	1725 W SANDRLING LANE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	D <input type="checkbox"/> Delete
NAME	BARANOWSKI, HELGA
STREET ADDRESS	1725 W. SANDERLING LANE #177-R
CITY-ST-ZIP	FT PIERCE, FL 34982

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD
STREET ADDRESS	Joyce Story
CITY-ST-ZIP	1725 Lake front Blvd
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen McCullough
STREET ADDRESS	1725 Lake Front Blvd
CITY-ST-ZIP	Ft. Pierce, FL 34982
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

Date: 5/17/06 Daytime Phone #: 772-579-8906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #