


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 030 \*\*\*\*61.25


**DOCUMENT # 759583**  
 1. Entity Name  
**THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.**



Principal Place of Business Mailing Address  
**1725 LAKE FRONT BLVD FORT PIERCE FL 34982 US** **1725 LAKEFRONT BOULEVARD FORT PIERCE FL 34982**

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/07)  
 4. FEI Number **59-2205359** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**ROBERT J. GORMAN, PA**  
**1209 DELAWARE AVENUE**  
**FORT PIERCE FL 34950**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONNA, VITO 1736 N. SANDORLIY LN. FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIANCY, WILLIAM 1713 N. DORETAIL DR. FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HISCOE, KEN 1702 N. DORETAIL DR. FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STORY, JOYCE 1730 N. DORETAIL DR. FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCULLOUGH, KAREN 1729 N. DORETAIL DR. FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARANOWSKI, HELGA 1758 N. DORETAIL DR. FT PIERCE FL 34982	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T David Bandsley 1736 N. Dove Tail Dr FT Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick G'Ambr 1722 Lakefront Blvd FT Pierce, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Malcolm...*