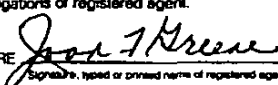
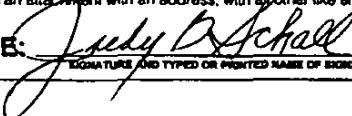


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

06-20-2006 90012 050 ****61.25

DOCUMENT # N03000003707			
1. Entity Name SAVANNA BAY CONDOMINIUMS, INC.			
Principal Place of Business 847 4TH AVENUE SOUTH NAPLES, FL 34102		Mailing Address 847 4TH AVENUE SOUTH NAPLES, FL 34102	
2. Principal Place of Business		3. Mailing Address 100 Sullivan St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 112	
City & State		City & State Punta Gorda FL	
Zip	Country	Zip	Country
		33950	US
4. FEI Number 99-0188825		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, DOUGLAS A 1000 TAMiami TRAIL NORTH, STE 201 NAPLES, FL 34102		Name JOAN F. GREENE Street Address (P.O. Box Number is Not Acceptable) 100 SULLIVAN STREET Ste 112 City PUNTA GORDA FL Zip Code 33950	
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 5/31/06	
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 NAME STREET ADDRESS CITY - ST - ZIP	DPST CABRAL, TIM 692 PINE CT NAPLES, FL 34102 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JUDY SCHALL 619 MADRID BLVD PUNTA GORDA FL 33950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PADLO, LARRY 953 18 AVE SOUTH NAPLES, FL 34102 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DAVID SCHALL 619 MADRID BLVD PUNTA GORDA FL 33950 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OERFLER, JENNIFER 11791 BRADLEY COURT BONITA SPRINGS, FL 34135 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARLEE STRAZA 12246 CHAMPIONSHIP CIRCLE FT. MYERS, FL 33913 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 aliother like empowered.			
SIGNATURE: 		JUDY B. SCHALL 5/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66026000



05082008 Chg-NP CR2E037 (4/06)