2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 23, 2005 8:00 am
Secretary of State
04-04-2005 90063 031 ****61.25

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DOCUMENT # N04000000237

1. Entity Name
SAVANNAH ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2401 OVERLOOK DRIVE WINTER HAVEN, FL 33881	515 5TH STREET SW WINTER HAVEN, FL 33880

03232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
930 S. Harbor City Blvd.	930 S Harbor City Blvd
Suite, Apt. #, etc.: 505	Suite, Apt. #, etc.: 505
City & State: Melbourne, FL 32901	City & State: Melbourne, FL 32901
Zip / Country	Zip / Country

4. FEI Number: ☐ 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
H.R. BAXTER & SONS ENT. INC. 515 5TH STREET SW WINTER HAVEN, FL 33880	Name: Louis Jackvony Street Address (P.O. Box Number is Not Acceptable): 262 E. Merrit Island Causeway Suite 18 City: Merritt Island **FL** Zip Code: 32952

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 _____ 3-25-05
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 May 1, 2005

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	DIRECTOR/PRES. LOUIS JACKVONY 262 E. MERRITT ISLAND CAUSEWAY - STE. 18 MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/SEC/TREAS. KAREN JACKVONY 262 E. MERRITT ISLAND CAUSEWAY - STE.18 MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / V-PRES JARED S. RUBIN 3595 POST ROAD Bldg 1 Apt 1106 WARWICK RI 02886	☐ 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
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 exemption stated in Section 119.07(3)(i), 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: _____ 3/29/05 (863) 965-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #