2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000237

FILED Feb 19, 2008 Secretary of State

Entity Name: SAVANNAH ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 571 CODY CALEB DRIVE WINTER HAVEN, FL 33884 **Current Mailing Address: New Mailing Address:** P.O BOX 65 WINTER HAVEN, FL 33882 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYES, RICHARD 571 CODY CALEB DRIVE WINTER HAVEN, FL 33884 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VELEZ, WALTER Name: Name: 549 CODY CALEB DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: TRES () Delete Title: VPRE (X) Change () Addition HAYES, SHARON Name: GRAJO, RODOLFO Name: Address: 571 CODY CALEBB DRIVE Address: 605 LYNDSEY LANE City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884 Title: DIR () Delete Title: () Change () Addition HAYES, RICHARD Name: Name: 571 CODY CALEB DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: DIR () Delete Title: () Change () Addition KIKER, SHELLY Name: Name: 548 CODY CALEB DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: DIR () Delete Title: () Change () Addition ESPINOSA, ENOCH Name: Name: 649 HART LAKE DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: () Delete Title: (X) Change () Addition ESPINOSA, ANNA WILSON, STEPHEN Name: Name: Address: 649 HART LAKE DRIVE Address: 552 CODY CALEB DRIVE WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HAYES DIR 02/19/2008