


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90025 001 ****61.25

DOCUMENT # N04000001902

1. Entity Name
 SAVONA AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
~~670 STOCK COMMUNITY SVCS~~
~~NAPLES, FL 34103 US~~

Mailing Address
 4501 TAMMI TRAIL
 NAPLES, FL 34103 US

40059900



2. Principal Place of Business - No P.O. Box #
 27180 BAY LANDING DRIVE
 Suite, Apt. #, etc.
 SUITE 4

3. Mailing Address
 27180 BAY LANDING DRIVE
 Suite, Apt. #, etc.
 SUITE 4

01252008 Chg-NP CR2E037 (12/06)

City & State
 DONITA SPRINGS FL

City & State
 DONITA SPRINGS, FL.

Zip
 34135

Country
 U.S.A.

4. FEI Number
 57-1200619

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 STERLING PROPERTY SERVICES
~~37900 OLD 44 RD.~~
~~NAPLES, FL 34105~~

7. Name and Address of New Registered Agent
 Name: JOHN O'GORMAN - STERLING PROPERTY SERVICES
 Street Address (P.O. Box Number is Not Acceptable): 27180 BAY LANDING DRIVE
 SUITE 4
 City: DONITA SPRINGS FL Zip Code: 34135

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: *[Signature]* DATE: 3/20/08

(NOTE: Registered Agent signature required when reinstating)

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SMITH, CHRIS	<input type="checkbox"/> Delete	TITLE NAME TS JOHN HACK.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12555 GRANBESSA CIR.		STREET ADDRESS 20007 GRAND LAKE DRIVE	
CITY-ST-ZIP ESTERO, FL 33928		CITY-ST-ZIP ESTERO, FL 33928	
TITLE NAME VP EDWARDS, MARK	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20018 GRANDE LAKE DR.		STREET ADDRESS	
CITY-ST-ZIP ESTERO, FL 33928		CITY-ST-ZIP	
TITLE NAME TS SINKOW, VIVIENNE	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20006 GRAND DR. LAKE DR.		STREET ADDRESS	
CITY-ST-ZIP ESTERO, FL 33928		CITY-ST-ZIP	
TITLE NAME D BEINKER, DALE	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12554 GRANDEZZA CIR.		STREET ADDRESS	
CITY-ST-ZIP ESTERO, FL 33928		CITY-ST-ZIP	
TITLE NAME D DAZAWIC, DON	<input type="checkbox"/> Delete	TITLE NAME P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20072 PALERMO LAKE CT.		STREET ADDRESS	
CITY-ST-ZIP ESTERO, FL 33928		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* as agent DATE: 3:19:08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR