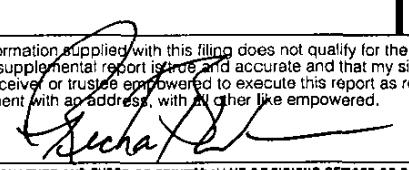


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 035 ****61.25

DOCUMENT # N04000008073 1. Entity Name THE LAKES AT THE SAVANNAHS CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 1555 PALM BEACH LAKES BOULEVARD SUITE 1006 WEST PALM BEACH, FL 33401			Mailing Address 1555 PALM BEACH LAKES BOULEVARD SUITE 1006 WEST PALM BEACH, FL 33401			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
WARREN, RICHARD B 1555 PALM BEACH LAKES BOULEVARD SUITE 1006 WEST PALM BEACH, FL 33401				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 _____ (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	PD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	TARR, S A			NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1006			STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP		
TITLE	VSD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	RANKOW, DANIEL			NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1006			STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP		
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	WARREN, DAVID			NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1006			STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
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 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: 				Date 3-14-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		