FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N05552 DOCUMENT #

SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Mailing Address Principal Place of Business 3492 CRABAPPLE DRIVE 3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 10/09/1984 Applied For 4. FEI Number 2a. Mailing Address 59-2473546 2. Principal Place of Business Not Applicable 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 23 Country Country Zip 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name

JAY STEVEN LEVINE 3300 PGA BOULEVARD SUITE 500

FILED							
Apr 02, 1996 08:00 AM							
Secretary of State							



PALM BEACH GARDENS FL 33410				ity	FL ("I	Code	
		4500 Florida Statutes th	ne above-nam	ned corporation submits this statement for	- f shanning its re	gistered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE	algnature, typied or printed name of registered agent and strent a	plicable (NOTE: R	egistered Agent se	nature required when reinstating)	DATE S TO OFFICERS AND D.RLCTO	RS IN 12	
12.	OFFICERS AND DIREC	TORS	13.	AODITIONS OF ANGE	Change	K Addition	
TITLE	D	DEFELE	1.1 TilluE	T	L		
NAME	GROSSI, NICHOLAS P		1.2 NAME	Spence, Winfie	eld S.	ļ	
STREET ADDRESS	3492 CRABAPPLE DRIVE		1.3 STREET AC	ORESS 3492 Crabapple	e Drive		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY - ST - 3	Port St. Lucie	FL 34952	Addition	
TITLE	VD	DELETE	21 TITLE			_	
NAME	MCCLURE, CLAIR W		2 2 NAME				
STREET ADDRESS	3492 CRABAPPLE DRIVE		2 3 STREET AL	DORESS			
CITY-ST-ZIP	PORT ST. LUCIE FL		2 4 CITY - ST	ZIP	Change	Addition	
TITLE	PD	DELETE	3.1 TITLE	ļ			
NAME	THOLE, F. L		3.2 NAME				
STREET ADDRESS	3492 CRABAPPLE DRIVE		3.3 STREET A				
GITY-ST-ZIP	PORT ST. LUCIE FL		3 4. CITY - ST		Change	Addition	
TITLE	D	DELETE	4.1 TITLE	D	••		
NAME	PRENTICE, JAMES C		4. 2 NAME	Osterhout, H.	MITITUM		
STREET ADORESS	3492 CRABAPPLE DRIVE		4.3 STREET A		e Drive		
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY - ST	Port St. Luci	e, FL 34952 GChange	☐ Addition	
TITLE	D	DELETE	5 1 TITLE	D	anh		
NAME	MURPHY, JAMES A		5.2 NAME	Tracy, C. Jose	epn - Drivo		
STREET ADDRESS	3492 CRABAPPLE DRIVE		53SIREET		e DIIVE		
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY - ST	Port St. Luci	e, FL 34952 Change	Addition	
THILE	S	DELETE	6.1 TITLE				
NAME	BONACCI, MURIEL		62 NAME	1000,556			
STREET ADDRESS	3492 CRABAPPLE DRIVE		6 3 STREET				
CITY ST ZIP	PORT ST. LUCIE FL	The state of the s	64 CITY - Si		Section 119.07(3)(k), Florida Stat	utes. I further	
OITY-ST-ZIP PORT ST. LUCIE FL 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further that I am an officer or or this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further that I am an addition of this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am an addition of the same legal effect as if made under certify that I am addition of the same legal effect as if made under certify that I am addition of the same legal effect as if made under certify the same legal effect as if made under certify that I am addition of the same legal effect as if made							

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AND TYPED OR PRINTED NAME OF F. LUCILLE TI

Street Address (P.O. Box Number is Not Acceptable)

3/29/96 (407)340-1889 Date Date Deptine Phone #