2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91318 004 ****61.25

DOCUMENT # N05552

1. Entity Name

SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US	3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2473546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF PA KENNETH S DIREKTOR 500 AUSTRALIAN AVE S. 9TH FLOOR WEST PALM BEACH FL 33401	Name: BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable): KENNETH S. DIREKTOR 500 AUSTRALIAN AVENUE SO. 9TH FLOOR City: WEST PALM BEACH FL Zip Code: 33401

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.

SIGNATURE Kenneth S. Direktor 4/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANKENFIELD, JOHN 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKENFIELD, JOHN 3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFREY, JOEL 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ERLANDSON, FAYE 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERLANDSON, FAYE 3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, DELORES 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRUNELLE, RICHARD 3492 CRABAPPLE DR. PORT ST. LUCIE, FL 34952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLATZ, ROBERT 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LA ROCK, BETTYE 3492 CRABAPPLE DR PORT ST. LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PILLA, DOLORES 3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	☒ Change ☐ Addition

CR2E037 (9/01)

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: Richard Brunelle 4/30/02 344-9652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #