

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05552

FILED
Apr 13, 2004
Secretary of State**Entity Name:** SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3492 CRABAPPLE DRIVE
PORT ST. LUCIE, FL 34952 US**New Principal Place of Business:****Current Mailing Address:**3492 CRABAPPLE DRIVE
PORT ST. LUCIE, FL 34952 US**New Mailing Address:****FEI Number:** 59-2473546**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF PA
KENNETH S DIREKTOR
500 AUSTRALIAN AVE S. 9TH FLOOR
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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:**Title:** D () Delete
Name: JASLIN, RICHARD
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** PD () Delete
Name: JEFFREY, JOEL
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: BRUNELLE, RICHARD
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: BLATZ, ROBERT
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** VPD () Delete
Name: PILLA, DOLORES
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: ALSFELD, WILLIAM
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D (X) Change () Addition
Name: JEFFREY, JOEL
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D (X) Change () Addition
Name: PAUL, RICHARD
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPD (X) Change () Addition
Name: THORNTON, KATHRINE
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** S () Change (X) Addition
Name: BOWERS, FRANCES
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL JEFFREY

D

04/13/2004

Electronic Signature of Signing Officer or Director

Date