

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 008 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11316

1. Corporation Name

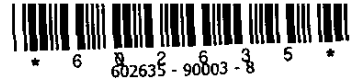
SAVANNAH PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2802 WEST CLEVELAND STREET
TAMPA FL 33609

Mailing Address

2802 WEST CLEVELAND STREET
TAMPA FL 33609



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/26/1985

4. FEI Number

59-2609078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. City & State

24. Zip

Country

28. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

~~MURMAN, JAMES A E~~
~~201 E KENNEDY BLVD #1750~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name

NORA J. GRAZIANO

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

2802 W. Cleveland St. Unit F

83

84 City

Tampa

FL

85 Zip Code
33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-2-99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTCHER, DAVID	
STREET ADDRESS	2802 W CLEVELAND STREET UNIT L	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MABRY, ANNA	
STREET ADDRESS	2802 WEST CLEVELAND STREET, UNIT C	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, MARTIN	
STREET ADDRESS	2802 W. CLEVELAND ST., UNIT 3	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAHER, ROBIN	
STREET ADDRESS	2802 WEST CLEVELAND ST., UNIT I	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORA J. GRAZIANO	
1.3 STREET ADDRESS	2802 W. Cleveland St. Unit F	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela Ayoub	
2.3 STREET ADDRESS	2802 W. Cleveland St. Unit B	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	Direct Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Catherine O'Connor	
3.3 STREET ADDRESS	2802 W. Cleveland St. Unit H	
3.4 CITY-ST-ZIP	Tampa, FL 33609	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Wright	
4.3 STREET ADDRESS	2802 W. Cleveland St. Unit J	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99

(813) 221-8000

Date

Daytime Phone #

CR2E037 (5/99)