

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90067 048 ****61.25

DOCUMENT # N11316

1. Entity Name

SAVANNAH PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2802 WEST CLEVELAND STREET
TAMPA FL 33609

Mailing Address

2802 WEST CLEVELAND STREET
UNIT D
TAMPA FL 33609



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3713158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

KRANZ, TOM
2802 W CLEVELAND ST
UNIT L
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entry 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHUNN, CHARLES	
STREET ADDRESS	2802 W CLEVELAND ST, UNIT D	Delete
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, LINDA	
STREET ADDRESS	2802 W CLEVELAND ST, UNIT J	Delete
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HOLTSBERG, TIFFINI	
STREET ADDRESS	2802 W. CLEVELAND ST, UNIT K	Delete
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSELLA, PHYLLIS	
STREET ADDRESS	2802 W. CLEVELAND ST., UNIT O	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KRANZ, TOM	
STREET ADDRESS	2802 W CLEVELAND ST UNIT L	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, SARAH	
STREET ADDRESS	2802 W CLEVELAND ST UNIT N	Delete
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Kindra Shah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2802 W. Cleveland St. # D	
STREET ADDRESS	Tampa, FL 33609	Director
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GRAZIANO, NORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2802 W. Cleveland St. # F	
STREET ADDRESS	Tampa, FL 33609	Treasurer
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Dina J. Marion, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 (813) 209-5055

Date

Daytime Phone #