## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45385

(4)

SAVANNAH OAKS HOMEOWNERS ASSOCIATION, INC.							
Principal Place	of Business	Mailing Address			- I HERICIAN DIN DIREN BIRDO INIBI IDEBI D	ANA BERNIA DINGKA DARAH DINGKA DINGKA DINGKA 1888	
P.O. DRAWER A. VERO BEACH FL 32961 US		P.O. DRAWER A VERO BEACH FL 32961 US			···-		
•					3. Date Incorporated or Qualified 10/01/1991	3a. Date of Last Report 04/26/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0325627	Not Applicable	ю
Suite, Apt. #, etc.		Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zıp	Zip Country <b>30</b>		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     Yes □ No		
24	9. Name and Address of Currer		1		10. Name and Address of New Re	·····	_
			81	Name		<u> </u>	_
SCHLITT,	, J. THOMAS		82	Street Addr	ress (P.O. Box Number is Not Acceptable	)	_
2900 - 59			83				
Vero be	EACH FL 32967						
			84	City		FL 85 Zip Code	
or register familiar wit	to the provisions of Sections 617.0502 and agent, or both, in the State of Flori th, and accept the obligations of, Sect	ida. Such change was authorized	the above- by the corp	named corpor poration's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its registered office	œ
SIGNATURE .	Signatury typed or conted name of registered ag	t and tille if applicane (NOTE:	Registered Age	nt signature require		DATE	-
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE	ĺ		Change Addition	
NAME	SCHLITT, J. THOMAS	1					
STREET ADDRESS	1478 56TH SQUARE EAST			FADDRESS			
CITY - ST - ZIP	VERO BEACH FL	DELETE	1.4 CITY - 1	ST-ZIP		☐ Change ☐ Addition	
TITLE	D	Dereie	21 TITLE 22 NAME			Change C xoutton	
NAME STREET ADDRESS	FETZER, MARK	LIZER, NIPOR		T ADDRESS			
CITY-ST-ZIP	886 44TH COURT		2 4 CHTY-				
TITLE	VERO BEACH FL	DELETE	3 1 TITLE	31-214		Change Addition	
NAME	_		3.2 NAME			<del>-</del>	
STREET ADDRESS	1476 56TH SQUARE EAST		3 3 STREE	T ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 3		34. CITY-	ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	□ DÉLÉTE	4 1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAME				
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TIFLE		☐ DELETE	5 1 TITLE			Change Addition	
NAME expect Appelee			5.2 NAME	T ADDRESS			
STREET ADDRESS			5.3 STREE 5.4 CITY -	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE	Jı- ZIr	<del></del>	☐ Change ☐ Addition	
NAME		<u></u>	6 2 NAME				
STREET ADDRESS				T ADDRESS			
City-St-ZiP			6.4 CITY -				
14. I do hereb	by certify that the information supplied	with this filing is voluntarily furnish	ed and do	s not qualify f	for the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further	
oath; that	t the information Indicated on this ann I am an officer or director of the corpo n Block 12 or Block 13 if changed, or	oration or the receiver or trustee e	mpowered	to execute thi	ate and that my signature shall have the s is report as required by Chapter 617, Flor	arne legal effect as ir filade under rida Statutes; and that my name	

SIGNATURE:

IGNATURE AND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

J. Thomas Schlitt

1-29-96

-96 567-1181

Daytime Phone #