


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

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 043 ****61.25

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| DOCUMENT # N45385 1. Entity Name SAVANNAH OAKS HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business C/O NANCY CURTIS 3410 BUCKINGHAMMOCK TRL. VERO BEACH FL 32960 US | Mailing Address C/O NANCY CURTIS 3410 BUCKINGHAMMOCK TRL. VERO BEACH FL 32960 US |
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|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|

1st MOORE CR2E037 (10/05)

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| 4. FEI Number 65-0325627 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HYER, DONALD R 3400 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HYER, DON 3400 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CURTIS, BILL 3410 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CURTIS, NANCY 3410 BUCKINGHAMMOCK TRL VERO BEACH FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHLITT, J. THOMAS 1850 COBIA DRIVE VERO BEACH FL 32960 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D SCHLITT, JOSEPH 947 20th Place Vero Beach, FL. 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHLITT, MARY 3420 BUCKINGHAMMOCK TR VERO BEACH FL 32960 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Nancy Curtis* - NANCY CURTIS 2-2806 772-978-0956