

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002675 (4)**  
1. Corporation Name

**SAVANNA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O PULTE HOME CORPORATION 14581 WESTPORT DR. FT. MYERS FL 33908</b>	Mailing Address <b>C/O PULTE HOME CORPORATION 14581 WESTPORT DR. FT. MYERS FL 33908</b>
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3. Date Incorporated or Qualified  
**05/13/1996**

4. FEI Number  
**65-0698956**

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**WOLPERT, GREG G  
C/O PULTE HOME CORPORATION  
14581 WESTPORT DR.  
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name	<b>Scott Hennells CPA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9220 Bonita Beach Rd</b>
83	<b>Ste 3305</b>
84 City	<b>Bonita Springs, FL</b>
85 Zip Code	<b>34134</b>

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 and they hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Scott Hennells, CPA* **Scott D. Hennells** DATE **4/6/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOLPERT, GREG G</b>	
STREET ADDRESS	<b>C/O 14581 WESTPORT DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUTCHINGS, MICHAEL G</b>	
STREET ADDRESS	<b>C/O 14581 WESTPORT DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>COMEGYS, LAWRENCE S</b>	
STREET ADDRESS	<b>C/O 14581 WESTPORT DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>	
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JACK RILAMARNO</b>	
1.3 STREET ADDRESS	<b>1781 MARSH RUN</b>	
1.4 CITY-ST-ZIP	<b>Naples FL 34109</b>	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Peter Hewitt</b>	
2.3 STREET ADDRESS	<b>1781 MARSH RUN</b>	
2.4 CITY-ST-ZIP	<b>Naples FL 34109</b>	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ISAAC ALBERTS</b>	
3.3 STREET ADDRESS	<b>1749 MARSH RUN</b>	
3.4 CITY-ST-ZIP	<b>Naples FL 34109</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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.

SIGNATURE: *Peter Hewitt* - *Isaac Alberts* DATE **4/13/98**

CFR2037 (10/97)