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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000002675

1. Corporation Name

SAVANNA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

C/O PULTE HOME CORPORATION
 14581 WESTPORT DR.
 FT. MYERS FL 33908

Mailing Address

IPM
 3435 10TH ST. N. SUITE 201
 NAPLES FL 34103
 US



2. Principal Place of Business

21 c/o Integrated Property Mgmt.

Suite, Apt. #, etc.
 3435 - 10th Street N., #201

23 City & State
 Naples, Florida

24 Zip 34103

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/13/1996

4. FEI Number

65-0698956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HENNELS, SCOTT C
 9220 BONITA BEACH RD
 SUITE 3305
 BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	ALLAMANNO, JACK	1781 MARSH RUN	NAPLES FL 34109	<input checked="" type="checkbox"/>
DS	HEWITT, PETER	1725 MARSH RUN	NAPLES FL 34109	<input type="checkbox"/>
DT	ALBERTS, ISAAC	1749 MARSH RUN	NAPLES FL 34109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP/D	Dell'Aquila, Patricia	1730 Marsh Run	Naples, FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	Hewitt, Peter	1725 Marsh Run	Naples, FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/T/D	Hill, Don	1786 Marsh Run	Naples, FL 34109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
 Date

598-9606
 Daytime Phone #

CR2E037 (1.1/98)