

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002675

1. Entity Name

SAVANNA HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90051 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT  
 3435-10TH STREET N. #201  
 NAPLES FL 34103

IPM  
 3435 10TH ST. N. SUITE 201  
 NAPLES FL 34103-3815  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0698956

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME HEWITT, PETER  
 STREET ADDRESS 1725 MARSH RUN  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME DELL'AQUILLA, PATRICIA  
 STREET ADDRESS 1730 MARSH RUN  
 CITY-ST-ZIP NAPLES FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME HILL, DON  
 STREET ADDRESS 1786 MARSH RUN  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Change  Addition  
 NAME S/T/D  
 KETTERMAN, SYLVIA  
 STREET ADDRESS 1737 MARSH RUN  
 CITY-ST-ZIP NAPLES FL 34109

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Sylvia Ketterman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 944-596-3536  
 Date Daytime Phone #

CR2E037 (9/99)