


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N96000002675 1. Entity Name SAVANNA HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N, #201 NAPLES, FL 34103	Mailing Address IPM 3435 10TH ST, N, SUITE 201 NAPLES, FL 34103 US
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04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0698956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAMOUCÉ, ROBERT C
 3405 PARK CENTRAL COBORT
 NAPLES, FL 34105**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORNESS, KINGSLEY 1754 MARSH RUN NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JENNINGS, PATRICIA 1730 MARSH RUN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOONE, DENNIS JR 1774 MARSH RUN NAPLES, FL
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 04/23/08-80074-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Kingsley D Forness / **KINGSLEY D FORNESS** 4/7/08 651-283-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #