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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N97000004416 (0)

SAVANNAH GLEN HOMEOWNERS' ASSOCIATION, INC.

FILED Apr 29 1998 8:00am Secretary of State

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	# 1 <u>1 </u>					↲				
Principal Place of Business Mailing Address								•••••		
1730 KINGSLEY AVE. SUITE E 1730 KINGSLEY AVE. SUITE E			TE E			3.	Date Incorporated or Qualifie	d		
ORANGE PARK FL 32073 ORANGE PARK FL 32073							08/04/1997			
						4.	I. FEI Number		Ar	plied For
		4 -1				.	59-3462302		No	t Applicable
— ·	lace of Business	2a. Mailing Address			5.	. Certificate of Status Desired		\$8.75	,	
Sulte, Apt.	# 010	Suite Apt # etc	Suite, Apt. #, etc.			+			Fee Re	
22	#, U IC.	27			6.	 Election Campaign Financing Trust Fund Contribution 	, 🗆	\$5.00 i Added to		
City & State City & State										
23		28			7. Is this nonprofit corporation a hoppeowners association? Ves No					
Zip	Country	Zip	Count	iry		8.	I. This corporation owes or has	paid the c	urrent year int	angible
24	26	29 30					Personal Property Tax due Ju] Ño
	9. Name and Address of Current	Registered Agent				10.). Name and Address of New	Registere	3 Agent	
			•	1	Name					
WOOD, JAMES R			Ē	2	Street Addre	ess ((P.O. Box Number is Not Accep	table)		
1730 KINGSLEY AVE, SUITE E			يرا ا	3						
UHANG	PARK FL 32073		*	"						
			Ē	4	City			FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 817 0502	end 617 150% Florida Statu	tes the abo		-named coro	oratio	on submits this statement for th			s registered
office or r	to the provisions of Sections 817,0502 egistered agent, or both, in the State of familiar with, and accept the orbits	of Florida. Such change was	authorized	by	the corporation	on's	board of directors. I hereby ac	cept the ar	pointment as	registered
	ru taminar with, and accountine doings	tions of, section 617.0503, Fi	iorida Statul	.es.	•			u/.	L/DE	
SIGNATURE .	Signature, typed or printed name of registered ager	n and title if applicable (NO	TE Registered A	ger	nt signature require	ed whe	en reinstating)	DATE	9770	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	
TITLE /	-		1.1 TITU	1.1 TITLE					☐ Change	Addition
NAME	WOOD, JAMES R			1.2 NAME						
STREET ADDRESS	1730 KINGSLEY AVE, SUITE E			1.3 STREET ADDRESS						
CITY-ST-ZW	ORANGE PARK FL 32073		1.4 CITY		I-ZIP				T 0	["] 4.491
TITLE	D WOOD WATER D	☐ DELETE	2.1 TITLI						Change	Addition
NAME	WOOD, JAMES R 1730 KINGSLEY AVE, SUITE E	•		2.2 NAME						
STREET ADDRESS	COLLIGE BADY EL CONTO		· ·	2.3 STREET ADDRESS 2. 4 City-St-Zip						
CITY-ST-ZIP TITLE				2.4 CH1-S1-ZIP					Change	Addition
NAME	WALLACE, PATRICK R			3.2 NAME					Carl Change	
STREET ADDRESS	1730 KINGSLEY AVE, SUITE E	:	3.3 STREET ADDRES		ADDRESS					
CITY-ST-ZW	ORANGE PARK FL 32073			3.4. CITY-ST-ZIP						
TITLE				4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	E .					Change	Addition
NAME			5.2 NAM	E						
STREET ADDRESS			5.3 STRE	ET A	ADDRESS					

11. St-2P]

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 drustee 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.

5.1 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Addition