2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004416

FILED Mar 26, 2009 Secretary of State

Entity Name: SAVANNAH GLEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE SAN JOSE PLACE 463499 STATE ROAD 200 SUITE 27 YULEE, FL 32097

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

PO BOX 57911 PO BOX 1987

JACKSONVILLE, FL 32241 YULEE, FL 32041 US

FEI Number: 59-3462302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARR, LAUREN PROPERTY MANAGEMENT SYSTEMS INC ONE SAN JOSE PLACE PROPERTY MANAGEMENT SYSTEMS INC 463499 STATE ROAD 200

SUITE 27 YULEE, FL 32257 US

403499 STATE ROAD 20
YULEE, FL 32097 US

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: SCOTT STEFFEN 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: JORGENSEN LINDA M

 Name:
 JORGENSEN, LINDA M
 Name:
 JORGENSEN, LINDA M

 Address:
 4021 SAVANNAH GLEN BLVD
 Address:
 P O BOX 1987

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 YULEE, FL 32041

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 JOSEPH, PAUL
 Name:
 JOSEPH, PAUL

 Address:
 604 MORNING MIST WAY
 Address:
 P O BOX 1987

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 YULEE, FL 32041

 $\label{eq:title:Title:TD} \textit{Title:} \qquad \textit{TD} \qquad \textit{(X) Change () Addition}$

 Name:
 EMBREY, SANDRA
 Name:
 EMBREY, SANDRA

 Address:
 589 ARTESIAN LANE
 Address:
 P 0 BOX 1987

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 YULEE, FL 32041

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STEFFEN RA 03/26/2009