

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N05552 (7)
1. Corporation Name
SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

3492 CRABAPPLE DRIVE
PORT ST. LUCIE FL 34952
US

Mailing Address

3492 CRABAPPLE DRIVE
PORT ST. LUCIE FL 34952-3104
US3. Date Incorporated or Qualified
10/09/19843a. Date of Last Report
04/02/19964. FEI Number
59-2473546Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JAY STEVEN LEVINE
3300 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS FL 33410

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	D	<input checked="" type="checkbox"/> DELETE
NAME	GROSSI, NICHOLAS P	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLURE, CLAIR W	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOLE, F. L	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRENTICE, JAMES C	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JAMES A	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BONACCI, MURIEL	
STREET ADDRESS	3492 CRABAPPLE DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRACY, C. JOSEPH	
1.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EMO, GEORGE	
2.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINBERGER, CATHERINE	
3.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SETTLEMIRE, ROBERT	
4.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOLLOD, MICHAEL	
5.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WEEKES, DONALD	
6.3 STREET ADDRESS	3492 CRABAPPLE DRIVE	
6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

JOSEPH TRACY (JOSEPH TRACY)

4/4/97

(561) 340-1889

CR2E037 (9/96)