


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05552** (7)  
1. Corporation Name  
**SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US</b>	Mailing Address <b>3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US</b>
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3. Date Incorporated or Qualified <b>10/09/1984</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2473546</b>		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH, TRACY C</b>	1.2 NAME	<b>HODSON, ROBERT</b>
STREET ADDRESS	<b>3492 CRABAPPLE DR</b>	1.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	1.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMO, GEORGE</b>	2.2 NAME	<b>ERLANDSON, FAYE</b>
STREET ADDRESS	<b>3492 CRABAPPLE DR</b>	2.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	2.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINBERGER, CATHERINE</b>	3.2 NAME	<b>LINBERGER, CATHERINE</b>
STREET ADDRESS	<b>3492 CRABAPPLE DR</b>	3.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	3.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SETTLEMIRE, ROBERT</b>	4.2 NAME	<b>GILL, RICHARD</b>
STREET ADDRESS	<b>3492 CRABAPPLE DRIVE</b>	4.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	4.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOLLOD, MICHAEL</b>	5.2 NAME	<b>McCLINTOCK, TATIA</b>
STREET ADDRESS	<b>3492 CRABAPPLE DRIVE</b>	5.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	5.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONACCI, MURIEL</b>	6.2 NAME	<b>WEEKES, DONALD</b>
STREET ADDRESS	<b>3492 CRABAPPLE DRIVE</b>	6.3 STREET ADDRESS	<b>3492 CRABAPPLE DR</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	6.4 CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34952</b>

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 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:

*Robert Hodson*

(ROBERT HODSON)

4/3/98

(561) 340-1889

CR2E037 (10/97)