


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90165 041 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N05552</b>					
1. Corporation Name <b>SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US			Mailing Address 3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2473546	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

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			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 CAROL M. HEINTZ CAROL M. HEINTZ Property Manager 4/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VICE PRESIDENT (V)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HODSON, ROBERT			1.2 NAME	GEORGE EMO		
STREET ADDRESS	34920 CRABAPPLE DR			1.3 STREET ADDRESS	3492 CRABAPPLE DR.		
CITY-ST-ZIP	PORT ST LUCIE FL 34952			1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERLANDSON, FAYE			2.2 NAME	ERLANDSON, FAYE		
STREET ADDRESS	3492 CRABAPPLE DR			2.3 STREET ADDRESS	3492 CRABAPPLE DR		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINBERGER, CATHERINE			3.2 NAME	ROBERT FERGUSON		
STREET ADDRESS	3492 CRABAPPLE DR			3.3 STREET ADDRESS	3492 CRABAPPLE DR.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILL, RICHARD			4.2 NAME	JOSEPH GAYNOR		
STREET ADDRESS	3492 CRABAPPLE DRIVE			4.3 STREET ADDRESS	3492 CRABAPPLE DR.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCINTOCK, TATIA			5.2 NAME	DOROTHY SETTLEMIRE		
STREET ADDRESS	3492 CRABAPPLE DRIVE			5.3 STREET ADDRESS	3492 CRABAPPLE DR.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEEKES, DONALD			6.2 NAME	WINFIELD SPENCE		
STREET ADDRESS	3492 CRABAPPLE DRIVE			6.3 STREET ADDRESS	3492 CRABAPPLE DR.		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952			6.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952		

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, with all other like empowered.

SIGNATURE: [Signature] 4/19/99 561-340-1889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)