

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # N05552**

2. Principal Place of Business

SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3492 CRABAPPLE DRIVE PORT ST. LUCIE FL 34952 US

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

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

Applied For

3. Date Incorporated or Qualifed

10/09/1984

4. FEI Number

City & State Country 6. Election Campaign Financing Trust Fund Contribution City & State Country City & State City & State Country City & State Country City & State Country City & State City & State Country City & State Country City & State City & State City & State Country City & State Country City & State City & Stat	Suite, Apt. /	t, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For						
Secretary Secr	2	•	27			59-2473546	Not	Applicable						
28	City & State					E Continue of Status Desired	\$8.75 Ad	dditional						
Zip Country Zip Country S. Election Campaign Financing \$5.00 May be Added to Fees						5. Certificate of Status Desired	Fee Red	uired						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name STEVEN LEVINE 82 Street Address (P.O. Box Number is Not Acceptable)				Country	ountry 6. Election Campaign Financing 55.00 Mi			/lay Be						
JAY STEVEN LEVINE 3300 PGA BOULEVARD SUITE 500 PALM BEACH GARDENS FL 33410 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 agrillar with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE WILL M. HULL M	24	25	29 30	7	Trust Fund Contribution Added to Fees									
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indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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: