

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05552

1. Entity Name

SAVANNA CLUB PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90090 009 \*\*\*\*61.25

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

Mailing Address  
3492 CRABAPPLE DRIVE  
PORT ST. LUCIE FL 34952-3104  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2473546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
CORNETT, GODOGE, ROSS & EARLE, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
401 EAST OSCEOLA STREET

City  
STUART

FL

Zip Code  
34994

\* 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME EMO, GEORGE  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME ERLANDSON, FAYE  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME FERGUSON, ROBERT  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GAYNOR, JOSEPH  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D  
NAME MCCLINTOCK, TATIA  
STREET ADDRESS 3492 CRABAPPLE DR.  
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE D  
NAME SETTLEMIRE, DOROTHY  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME SPENCE, WINFIELD  
STREET ADDRESS 3492 CRABAPPLE DR  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. FAYE ERLANDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

CR2E037 (9/99)