2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # N05552...

1. Entity Name
SAVANNA CLUB PROPERTY OWNERS ASSN. INC. ✓

FILED
00 AUG -7 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/02/00 901571 015 $61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2413546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JANE CORNETT
RIVER OAK CTR - FIRST FLOOR
401 EAST OSCEOLA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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: Jane L. Cornett 7-17-00
Signature, type or printed name of agent and title if applicable (NOTE: Registered Agent signature required for Amendment) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (D) DOROTHY SETTLEMIRE 3492 CRABAPPLE DRIVE PORT ST LUCIE, FL 34952	☑ Delete	PRESIDENT (P) GEORGE EMO 3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (D) ROBERT FERGUSON 3492 CRABAPPLE DRIVE PORT ST LUCIE, FL 34952	☑ Delete	VICE PRESIDENT (V) ROBERT HILLEN 3492 CRABAPPLE DR. PORT ST LUCIE, FL 34952	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	FAYE ERLANDSON (D) DIRECTOR 3492 CRABAPPLE DRIVE PORT ST LUCIE, FL 34952	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR (D) EMIL MURTHA 3492 CRABAPPLE DRIVE PORT ST LUCIE, FL 34952	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DIRECTOR (D) TATIA McCLINTOCK 3492 CRABAPPLE DRIVE PORT ST LUCIE, FL 34952	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	WILLIAM OSTERHOUT TREASURER (T) 3492 CRABAPPLE DRIVE PORT ST LUCIE FL 34952	☐ Change	☑ Addition

CR2E037 (9/99)

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: George C. Emo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

8/7