

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90025 036 \*\*\*\*61.25

DOCUMENT # **NO3000003482**

1. Entity Name

**Savannah Crossing Condominium  
Association, Inc.**



**DO NOT WRITE IN THIS SPACE**

**94047215**

2. Principal Place of Business

**536 N. Monroe St.**

Suite, Apt. #, etc.

3. Mailing Address

**536 N. Monroe St.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**58-2673774**

Applied For

Not Applicable

Zip

**32301**

Country

**U.S.A.**

Zip

**32301**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**LeAnn Sbordone**

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

**536 N. Monroe St.**

City

**Tallahassee**

**FL**

Zip Code

**32301**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**LeAnn Sbordone**

**Association Manager**

**4-1-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees.**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

**P Doug Turner**  
**508-A Capital Circle SE.**  
**Tallahassee, FL 32301**

**V Jimmy Bennett**  
**3402 Apalachee PKwy.**  
**Tallahassee, FL 32301**

**T John O'Reilly**  
**508-A Capital Circle S.E.**  
**Tallahassee, FL 32301**

**M LeAnn Sbordone**  
**536 N. Monroe St.**  
**Tallahassee, FL 32301**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**LeAnn Sbordone**

**4-1-04**

**(850) 205-9061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)