

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90025 021 ****61.25

DOCUMENT # 718642

1. Entity Name

SAVOY EAST ASSOCIATION, INC.



Principal Place of Business

3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062

Mailing Address

3210 S.E. 10TH STREET
 POMPANO BEACH FL 33062

50051879



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1523410

Applied For

Not Applicable

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

RANDALL K. ROGER & ASSOCIATES
 621 NW 53 ST
 SUITE 300
 BOCA RATON FL 33487

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLSON, JASON	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODGE, VIVIAN	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DA SILVA, RUBEN	
STREET ADDRESS	3210 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH F	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEDEIROS, BARBARA	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	DERUPA, CHERYL	
STREET ADDRESS	3210 SE 10 ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRUSSOS, NICK	
STREET ADDRESS	3210 SE 10TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN DODGE	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO Bch, FL.	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED BINGLER	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO Bch, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER BLEDSOE	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO Bch, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON JANSSEN	
STREET ADDRESS	3210 SE 10 ST	
CITY-ST-ZIP	POMPANO Bch, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jason Olson* JASON OLSON 2/18/05 954-942-3152
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #