


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
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50051879



1st MOORE CR2E037 (10/04)

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

4. FEI Number 59-1523410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES 621 NW 53 ST SUITE 300 BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, JASON 3210 SE 10 ST. POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, VIVIAN 3210 SE 10 ST POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIVIAN DODGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3210 SE 10 ST POMPANO Bch, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA SILVA, RUBEN 3210 SE 10TH STREET POMPANO BEACH F <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRED BINGLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3210 SE 10 ST POMPANO Bch, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEDEIROS, BARBARA 3210 SE 10 ST. POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ROGER BLEDSOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3210 SE 10 ST POMPANO Bch, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD DERUPA, CHERYL 3210 SE 10 ST. POMPANO BEACH FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DON JANSSEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3210 SE 10 ST POMPANO Bch, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUSSOS, NICK 3210 SE 10TH ST POMPANO BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 2/18/05 954-942-1152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #