


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90035 039 ****61.25

DOCUMENT # N03000003482

1. Entity Name
SAVANNAH CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
536 N. MONROE STREET
TALLAHASSEE, FL 32301 US

Mailing Address
536 N. MONROE STREET
TALLAHASSEE, FL 32301 US

50059362



2. Principal Place of Business
3968 N. Monroe St.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 180657
 Suite, Apt. #, etc.

06212005 Chg-NP CR2E037 (10/03)

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32303 Country
USA

Zip
32318 Country
USA

4. FEI Number
58-2673774

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SBORDONE, LEANN
536 N. MONROE ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name **LeAnn Sbordone**

Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services
3968 N. Monroe St.

City **Tallahassee** FL Zip Code **32303**

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 - LeAnn Sbordone - Manager** DATE **8-1-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 7, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, DOUG 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, JIMMY 3402 APALACHEE PARKWAY TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'REILLY, JOHN 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SBORDONE, LEANN 536 N. MONROE STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Plescow 319 Dixie Drive #1-D Tallahassee, FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA Charlie O'Rielly 2738 W. Tharpe St #1203 Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T David Kontol 1350 Barnsley Walk Snellville, GA 30078	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Okenwa Okoli 4743 Planters Ridge Dr. Tallahassee, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Fetzer 2738 N. Monroe St. #406 Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" 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: **LeAnn Sbordone - LeAnn Sbordone** DATE **8-1-05** DAYTIME PHONE # **850-562-8708**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #