

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 AUG 28 PM 4:14

DOCUMENT # N03000003482

1. Entity Name  
SAVANNAH CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3968 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 US

Mailing Address  
3968 NORTH MONROE STREET  
TALLAHASSEE, FL 32303 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 180657

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282006

Chg-NP

CR2E037 (4/06)

City & State

City & State  
Tallahassee FL

4. FEI Number

58-2673774

Applied For

Not Applicable

Zip

Country

Zip

32318

Country

USA

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

SBORDONE, LEANN  
HOMEOWNERS ASSOCIATION SERVICES  
3968 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

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

Filing Fee is \$61.25  
Due by September 6, 2006

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 P ☐ Delete  
NAME PLESCOW, JOHN  
STREET ADDRESS 319 DIXIE DRIVE SUITE 1-D  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE P ☒ Change ☐ Addition  
NAME John Plescow  
STREET ADDRESS 1504 Belmont Trace  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE V ☒ Delete  
NAME O'RIELLY, CHARLIE  
STREET ADDRESS 2738 WEST THARPE STREET SUITE 1203  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V ☐ Change ☒ Addition  
NAME Doug Tirpak  
STREET ADDRESS 6070 Birch Tree Terrace  
CITY-ST-ZIP Lake Worth, FL 33467

TITLE T ☒ Delete  
NAME KONTOL, DAVID  
STREET ADDRESS 1350 BARNESLEY WALK  
CITY-ST-ZIP SNELLVILLE, GA 30078

TITLE T ☐ Change ☒ Addition  
NAME Cheryl Conforti  
STREET ADDRESS 10843 158th Street, N.  
CITY-ST-ZIP Jupiter, FL 33478

TITLE M ☐ Delete  
NAME SBORDONE, LEANN  
STREET ADDRESS 3968 NORTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900079730699  
CITY-ST-ZIP 09/12/06--01064--012 \*\*\$61.25

TITLE S ☐ Delete  
NAME OKEIL, OKENWA  
STREET ADDRESS 4743 PLANTERS RIDGE DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE S ☒ Change ☐ Addition  
NAME Okenwa Okoli  
STREET ADDRESS

TITLE D ☒ Delete  
NAME FETZER, KEVIN  
STREET ADDRESS 2738 NORTH MONROE STREET SUITE 406  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition  
NAME Glen MacWhirter  
STREET ADDRESS 724 Chestertown Street  
CITY-ST-ZIP Gaithersburg, MD 20878

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

8-28-06

850-562-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAVANNAH CROSSING AUG 28 2006