

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 23, 2007
Secretary of State

DOCUMENT# N05552

Entity Name: SAVANNA CLUB HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3492 CRABAPPLE DRIVE
PORT ST. LUCIE, FL 34952 US**New Principal Place of Business:****Current Mailing Address:**3492 CRABAPPLE DRIVE
PORT ST. LUCIE, FL 34952 US**New Mailing Address:****FEI Number:** 59-2473546**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF PA
KENNETH S DIREKTOR
3111 STIRLING ROAD
FT LAUDERDALE, FL 33312 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD () Delete
Name: ZEGARELLI, FRANK
Address: 8149 MEADOWLARK LANE
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: MOTHERWAY, DENIS
Address: 3124 PALM WARBLER COURT
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: MARQUART, JIM
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** D () Delete
Name: BLATZ, ROBERT
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** PD () Delete
Name: THORNTON, KATHRINE
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** S (X) Delete
Name: BOWERS, FRANCES
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ZEGARELLI, FRANK
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** TD (X) Change () Addition
Name: MOTHERWAY, DENIS
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** VPD (X) Change () Addition
Name: ALSFELD, WILLIAM
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: MCCLURE, CLAIR
Address: 3492 CRABAPPLE DR
City-St-Zip: PORT ST. LUCIE, FL 34952**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK ZEGARELLI

PD

10/23/2007

Electronic Signature of Signing Officer or Director

Date