2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002675

Entity Name

SAVANNA HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90295 004 ****61.25

			1	OO WE IN					
C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N. #201 34 NAPLES FL 34103 NA		Mailing Address IPM 3435 10TH ST. N. SUITE 2 NAPLES FL 34103 US	IPM 3435 10TH ST. N. SUITE 201 NAPLES FL 34103			II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	II ORIIA NEKE RIKU IRI	LET BUIL (COX	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	[°] N96000	02675			4. FEI Number 65-0698956		 	Applied For Not Applicable	
Zip SAVANNA	Country HOMEO VNERS' ASSOCIATI		Coun	try	5. Certificate of St		\$8.75 Add Fee Require	d	
	6. Name and Address of Current	Registered Agent 🕞 🗕 🚐	= : **	**************************************	7. Name and Add	ress of New Register	red Agent	· _ *<-	
343 NAFSUITE 3305 NAI		PM		Name Street Address (P.O. Box Number is Not Acceptable)					
		3435 TOTH ST. N. SUITE 2 NAPLES PL 34109 US	ei -	City			- VIII I Zo Cod		
8 The above	named entity submits this statement for	the ourpose of changing its	: registered	·	red agent 'or both in	the State of Florida. "I	am familiar with	and accept	
	cions of registered agent.	the purpose of changing its	s regionered	a cinec of regions.	rod agoni, or botti, iii	aro otato or riorioz.	a		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)	7 0090 80 0	ATE		
\$	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10 LICHINICI C	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS ANI	D DIRECTORS IN	1 10	
rim 6220 AOI		Delete	TITLE NAME STREE CITY-S	TADDRESS 178	o rness, Kingsley 54 Marsh Run ples, FL		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELL'AQUILLA, PATRICIA 1730 MARSH RUN NAPLES FL	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	:		☐ Change °	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KETTERMAN, SYLVIA 1737 MARSH RUN NAPLES FL 34109	⊅ ⊠-Delete	TITLE NAME STREE CITY-S	ADDRESS 177	r/D one JR, Dennis 74 Marsh Run ples, FL	3	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	r address			☐ Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP	1725 MARSH RUN NAPLES FL 34109 VPD DELL'AQUILLA, PATRICIA	☐ Delete	TITLE NAME STREE CITY-S	r address St-zip			☐ Change	Addition	
TITLE NAME STREET ADDRESS	1730 MARSH RUN NAPLES FL . STD .	☐ Delete	TITLE NAME	T ADDRESS			Change	☐ Addition	
CITY-ST-ZIP	KETTERMAN, SYLVIA		CITY-S	ST-ZIP	11				

12. I hereby carift//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 population of the corporation of 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 LA SPAINTING STEP D. FORNESS PRES. 4/14/03 239 591 3554