

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001902

Entity Name: SAVONA AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Apr 15, 2024
Secretary of State
2328287909CC**Current Principal Place of Business:**27180 BAY LANDING DR
SUITE 4
BONITA SPRINGS, FL 34135**Current Mailing Address:**27180 BAY LANDING DR
SUITE 4
BONITA SPRINGS, FL 34135 US**FEI Number: 57-1200619****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES, INC.
27180 BAY LANDING DR
SUITE 4
BONITA SPRINGS, FL 34135 US*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:** CARINA SHEFFIELD

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MONTGOMERY, JAMES
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, VP
Name COPPER, PAUL
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT
Name SCHULTZ, BRIAN
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name KATZ, STEVE
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BANYARD, NANCY
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name WILKINS, WES
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name CARY, ANN
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title CAM
Name MCFARLAND, CHERYL
Address 27180 BAY LANDING DR
SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

I hereby 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 all other like empowered.

SIGNATURE: CHERYL MCFARLAND

CAM

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date