

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006244

**FILED  
Apr 26, 2013  
Secretary of State  
CC6210309007**

**Entity Name:** SAVANNA AT PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 4TH STREET N  
#301  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

9887 4TH STREET N  
#301  
ST PETERSBURG, FL 33702 US

**FEI Number: 57-1208519**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAMPART PROPERTIES, INC.  
9887 4TH STREET N  
#301  
ST PETERSBURG, FL 33702 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HODES, TIM  
Address 9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title VPD  
Name LAVIGNE, GARY  
Address 9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title SD  
Name MAGNAN, JOANNE  
Address 9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name AARDEMA, JEWEL  
Address 9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERESBURG FL 33702

Title TD  
Name SPIDELL, MICHELLE  
Address 9887 FOURTH STREET NORTH, #301  
City-State-Zip: ST. PETERSBURG FL 33702

*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: TIM HODES**

**PRESIDENT**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date