

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 08, 2016
Secretary of State
CC7686238673

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

Current Principal Place of Business:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

FEI Number: 57-1208519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 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, TIMOTHY
Address COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name AARDEMA, JEWEL
Address COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name BRADFORD, GARY
Address COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title TD
Name RODRIQUES, KEITH
Address COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name SMITH, LAURIE
Address COMMUNITY MANAGEMENT SERVICES, INC.
5837 TRUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

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: TIMOTHY HODES

PRESIDENT

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date