

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006244

**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**8404374132CC**

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

**Current Principal Place of Business:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE SUITE B  
LUTZ, FL 33549

**Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE SUITE B  
LUTZ, FL 33549 US

**FEI Number: 57-1208519**

**Certificate of Status Desired: No**

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

APPLETON, ERIC  
APPLETON REISS, PLLC  
215 HOWARD AVE SUITE 200  
TAMPA, FL 33606 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:** ERIC APPLETON

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RODRIGUES, KEITH  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            BROOKS, DAVID  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            SECRETARY  
Name            POPE, MARY JANE  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            HALL, DAVID  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            KOHL, JAMES  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

*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:** KEITH RODRIGUES

**PRESIDENT**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date