

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008073

Entity Name: THE LAKES AT THE SAVANNAHS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1800 S. DOVETAIL DRIVE
FORT PIERCE, FL 34982**Current Mailing Address:**C/O SIGNATURE PROPERTY MGMT
459 NW PRIMA VISTA BLVD.
PORT SAINT LUCIE, FL 34983 US**FEI Number:** 20-3640622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE BONAN AND ENSOR, P.A.
ROSS EARLE BONAN & ENSOR
789 SW FEDERAL HIGHWAY SUITE 101
STUART, FL 34994 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:** CATHY BRUCKER

04/03/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRAY, HAL
Address C/O SIGNATURE PROPERTY MGMT
 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title TREASURER
Name ROCHELEAU, ROBERT J
Address C/O SIGNATURE PROPERTY MGMT
 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR
Name SCHMITZ, WILMA
Address C/O SIGNATURE PROPERTY MGMT
 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title SECRETARY
Name MARSHALL, DENNIS
Address C/O SIGNATURE PROPERTY MGMT
 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

Title DIRECTOR
Name CATHY, BRUCKER
Address C/O SIGNATURE PROPERTY MGMT
 459 NW PRIMA VISTA BLVD.
City-State-Zip: PORT SAINT LUCIE FL 34983

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: HAL GRAY

PRESIDENT

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date