2019 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 03/28/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

PRESIDENT VΡ Title Title

Name JAMES, JUDITH Name BRUCKER, CATHY

C/O SIGNATURE PROPERTY MGMT C/O SIGNATURE PROPERTY MGMT Address Address

459 NW PRIMA VISTA BLVD. 459 NW PRIMA VISTA BLVD.

City-State-Zip: PORT SAINT LUCIE FL 34983 City-State-Zip: PORT SAINT LUCIE FL 34983

Title TREASURER Title SECRETARY

Name JORDAN, GERALD Name SCHMITZ, WILMA

Address C/O SIGNATURE PROPERTY MGMT Address C/O SIGNATURE PROPERTY MGMT

459 NW PRIMA VISTA BLVD. 459 NW PRIMA VISTA BLVD. PORT SAINT LUCIE FL 34983 PORT SAINT LUCIE FL 34983

City-State-Zip:

DIRECTOR Title

City-State-Zip:

Name BROCKWAY, KAREN

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.

03/28/2019 SIGNATURE: JUDITH JAMES **PRESIDENT**

FILED Mar 28, 2019

Secretary of State

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