

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008073

Entity Name: THE LAKES AT THE SAVANNAHS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986**Current Mailing Address:**C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 US**FEI Number:** 20-3640622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON ASSOCIATION MANAGEMENT
C/O WATSON ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PL
PORT ST LUCIE, FL 34986 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:** KIMBERLY SNYDER

05/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BROCKWAY, RICHARD
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name MCCULLOUGH, KAREN
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name BRUCKER, CATHY
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name STRINGFIELD, JOANNE
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name JORDON, GERALD
Address C/O WATSON ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PL
City-State-Zip: PORT ST LUCIE FL 34986

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: RICHARD BROCKWAY

PRESIDENT

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date