

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 007 ***150.00

40109094



06192008 Chg-P CR2E034 (12/06)

4. FEI Number **59-1156452** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBBE, ROSEMARY A
3847 SOUTH CIRCLE DR.
APT 17
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CRANDALL, BRUCE | |
| STREET ADDRESS | 3847 SOUTH CIR DR #14 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRICE, VELMA | |
| STREET ADDRESS | 3847 SO. CIRCLE DR #10 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GRUBBE, ROSEMARY A | |
| STREET ADDRESS | 3847 SOUTH CIR #17 | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | CARLSON, JERRY | |
| STREET ADDRESS | 112 EAST LINCOLN | |
| CITY-ST-ZIP | KENTLAND, IN 47951 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BRUNTON, CHARLES | |
| STREET ADDRESS | 2851 N. 41ST ROAD | |
| CITY-ST-ZIP | SHERIDAN, IL 60551 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLSON, JERRY | |
| STREET ADDRESS | 112 EAST LINCOLN | |
| CITY-ST-ZIP | KENTLAND, IN 47951 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARY KUUKARI | |
| STREET ADDRESS | 4749 FLORA DRIVE | |
| CITY-ST-ZIP | EGAN, MN 55123 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/19/08 (954) 981-0121

ATTACHMENT

40109094

276379

THE SAVOY APARTMENTS, INC.

(A COOPERATIVE ASSOCIATION, Florida Charter No. 276379, Est. Dec. 10, 1963)

3487 South Circle Drive
Hollywood, Florida 33021

June 19, 2008

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: For Profit Corporation Annual Report

It recently has come to my attention that I never received this form to update for 2008. As you can see, in previous years, we have always submitted this report on time. Therefore, I am seeking exemption from the late fee and submitting this report along with a check in the amount of \$150.00 as we have done in the past.

We are a group of middle to low income elderly residents that do our best to do official paperwork in an orderly manner and enjoy our life living here in Florida..

Sincerely,



Rosemary A. Grubbe
Board of Director/Treasurer
The Savoy Apartments, Inc.
Unit 17