

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756428

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** SAVOY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4041 GULFSHORE BLVD. N.  
NAPLES, FL 34103 US

**New Principal Place of Business:**

4041 GULF SHORE BLVD. N.  
NAPLES, FL 34103 US

**Current Mailing Address:**

800 SEAGATE DRIVE  
202  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 59-2301018      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SPIRES & ASSOCIATES, P.A.  
800 SEAGATE DRIVE  
202  
NAPLES, FL 34103 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ASSAAD, WAFAA  
Address: 4041 GULF SHORE BLVD N #601  
City-St-Zip: NAPLES, FL 34103

Title: S  
Name: RESTIVO, ANN  
Address: 4041 GULF SHORE BLVD N #1007  
City-St-Zip: NAPLES, FL 34103

Title: T  
Name: ROGERS, EDWARD  
Address: 4041 GULF SHORE BLVD N., #505  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: WAY, RENNY  
Address: 4041 GULF SHORE BLVD N. #709  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: FARRELL, RICHARD  
Address: 4041 GULF SHORE BLVD N. #1701  
City-St-Zip: NAPLES, FL 34103

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: PATTY L WILLIAMS

ACCT

04/04/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date