

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000003149

FILED
Sep 25, 2009
Secretary of State**Entity Name:** SAVANNA CLUB REALTY, INC.**Current Principal Place of Business:**29399 U.S. HIGHWAY 19 NORTH
SUITE 320
CLEARWATER, FL 33761**New Principal Place of Business:****Current Mailing Address:**29399 U.S. HIGHWAY 19 NORTH
SUITE 320
CLEARWATER, FL 33761**New Mailing Address:****FEI Number:** 26-2681564**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CFO () Delete
Name: SMITH, SHANNON E
Address: 29399 U.S. HIGHWAY 19 NORTH #320
City-St-Zip: CLEARWATER, FL 33761

Title: VP () Delete
Name: HELFAND, MARNIE H
Address: 29399 U.S. HIGHWAY 19 NORTH #320
City-St-Zip: CLEARWATER, FL 33761

Title: VP () Delete
Name: SAKOW, TODD
Address: 29399 U.S. HIGHWAY 19 NORTH #320
City-St-Zip: CLEARWATER, FL 33761

Title: AT () Delete
Name: TARKINGTON, MICHAEL A
Address: 29399 U.S. HIGHWAY 19 NORTH #320
City-St-Zip: CLEARWATER, FL 33761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVP () Change (X) Addition
Name: EDWARDS, TARA L
Address: 29399 U.S. HIGHWAY 19 NORTH #320
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON E. SMITH

CFO

09/25/2009

Electronic Signature of Signing Officer or Director

Date