2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State
04-03-2008 90021 019 ****61.25

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1. Entity Name
SAVANNAH LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1463 OAKFIELD DR. SUITE 129 BRANDON, FL 33511	PO BOX 2608 VALRICO, FL 33595

03122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1463 Oakfield Dr.	McNeil Mgmt Svcs Inc
Suite, Apt. #, etc.: Suite 142	Suite, Apt. #, etc.: Po Box 6235
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511 Country: US	Zip: 33508-6004 Country: US

4. FEI Number 59-3731951 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITIES OF AMERICA, INC.
1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: Robert Tankel, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1022 Main Street, Suite D
City: Dunedin FL Zip Code: 34698

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 _____ Robert L Tankel 3/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCAFFIDI, CHARLES F PO BOX 2608 VALRICO, FL 33595	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Chapman, Ralph 1107 Savannah Landings Ave. Valrico, FL 33595	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JONES, CHERYLE PO BOX 3608 VALRICO, FL 33595	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Ward, Ernie 1203 Georgia Trace Ave. Valrico, FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T OHALL, LAURIE PO BOX 2608 VALRICO, FL 33595	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ohall, Laurie 1120 Georgia Trace Ave. Valrico, FL 33596	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, JAMES PO BOX 2608 VALRICO, FL 33595	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Wright, James 1205 Georgia Trace Ave. Valrico, FL 33596	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCEVAR, HELENA PO BOX 2608 VALRICO, FL 33595	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Klein, Keith 1103 Georgia Trace Ave. Valrico, FL 33596	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: Ralph Chapman RALPH CHAPMAN 3/21/08 8136547985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #