2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000006885

FILED Mar 09, 2009 Secretary of State

Entity Name: SAVANNAH LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1463 OAKFIELD DR. SUITE 142 BRANDON, FL 33511 **New Mailing Address: Current Mailing Address:** MCNEIL MGMT SVCS INC PO BOX 6235 BRANDON, FL 335086004 FEI Number: 59-3731951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TANKEL, ROBERT P.A 1022 MAIN STREET, SUITE D DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CHAPMAN, RALPH CHAPMAN, RALPH Name: Name: 1107 SAVANNAH LANDING AVE. Address: 1107 SAVANNAH LANDINGS AVE. Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 Title: Title: () Delete () Change () Addition WARD, ERNIE Name: Name: Address: 1203 GEORGIA TRACE AVE. Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: Title: () Delete Title: (X) Change () Addition OHALL, LAURIE Name: O'HALL, LAURIE Name: 1120 GEORGIA TRACE AVE. 1120 GEORGIA TRACE AVE. Address: Address: City-St-Zip: VALICO, FL 33596 City-St-Zip: VALICO, FL 33596 (X) Change () Addition Title: VΡ () Delete Title: Name: WRIGHT, JAMES Name: PERRULLI, FRANK 1205 GEORGIA TRACE AVE. 3509 COTTON MILL PLACE Address: Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 Title: () Delete Title: (X) Change () Addition KLEIN, KEITH LONG, VELMA Name: Name: 1103 GEORGIA TRACE AVE. 3507 COTTON MILL PLACE Address: Address: VALRICO, FL 33596 City-St-Zip: VALRICO, FL 33596 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CHAPMAN P 03/09/2009