

77 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90035 003 ****70.00

CUMENT # N01000008125

Entity Name
SAVANNAH ESTATES HOMEOWNERS ASSOCIATION, INC.



40130488

Principal Place of Business
C/O A & N MGMT INC
6413 CONGRESS AVE.
BOCA RATON, FL 33487

Mailing Address
C/O A & N MGMT INC
6413 CONGRESS AVE.
BOCA RATON, FL 33487.



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04232007 Chg-NP CR2E037 (12/06)

c/o A & N MANAGEMENT
902 CLINT MOORE RD, #110
BOCA RATON, FL 33487

c/o A & N MANAGEMENT
902 CLINT MOORE RD, #110
BOCA RATON, FL 33487

4. FEI Number
65-1156522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPLAN, LOUIS ESQ SACH, SAX, KLEIN 301 YAMATO ROAD, #4150 BOCA RATON, FL 33431		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)
Signature typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SINACORI, GEORGE		NAME	Cianciolo, Larry			
STREET ADDRESS	9588 SEDGEWOOD DR		STREET ADDRESS	9335 Savannah Estates Dr.			
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH FL 33467			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKANTAR, GARY		NAME				
STREET ADDRESS	9395 SEDGEWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SUHYDA, TERESA		NAME	Saiadino, Gregory			
STREET ADDRESS	9826 SALT WATER CREEK COURT		STREET ADDRESS	9138 Sedgewood Drive			
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'BRYAN, DONALD		NAME				
STREET ADDRESS	9042 SEDGEWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COHEN, BONNIE		NAME				
STREET ADDRESS	9701 SAVANNAH ESTATES DR		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #