## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008125

FILED Feb 19, 2009 Secretary of State

Entity Name: SAVANNAH ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:  C/O A&N MGMT INC 902 CLINT MOORE RD #110 BOCA RATON, FL 33487  Current Mailing Address:			New Principal Place of Business:
			C/O A&N MANAGEMENT INC 902 CLINT MOORE RD #110 BOCA RATON, FL 33487
			New Mailing Address:
902 CLIN	MGMT INC T MOORE RD # ATON, FL 33487		C/O A&N MANAGEMENT INC 902 CLINT MOORE RD #110 BOCA RATON, FL 33487
El Number	r: 65-1156522	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:
SACH, SÆ 301 YAMÆ 30CA RA The above	LOUIS ESQ AX, KLEIN ATO ROAD, #41 ATON, FL 3343 e named entity s te of Florida.	I US	CAPLAN, LOUIS ESQ SACH, SAX, CAPLAN 6111 BROKEN SOUND PKWY NW BOCA RATON, FL 33487 US ourpose of changing its registered office or registered agent, or bo
SIGNATURE:			02/19/2009
2,0,0,		ic Signature of Registered Age	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	CIANCIOLO, LA 9225 SAVANNA	H ESTATES DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	SKANTAR, GAR 9395 SEDGEW	OOD DRIVE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	SALADINO, GRI 9138 SEDGEW	OOD DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Nddress: City-St-Zip:	SUNYDA, TERÉ	TER CREEK COURT	Title: T (X) Change ( ) Addition Name: SUHYDA, TERESA Address: 9826 SALT WATER CREEK COURT City-St-Zip: LAKE WORTH, FL 33467
ītle: lame:	COHEN, BONNI	Delete E H ESTATES DR	Title: ( ) Change ( ) Addition Name: Address:

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: LARRY CIANCIOLO PRES 02/19/2009