

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/6/2008-90018-014-\$61.25-\$61.25

FILED

08 SEP 22 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000003482

1. Entity Name
SAVANNAH CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3968 NORTH MONROE STREET
TALLAHASSEE, FL 32303 US

Mailing Address
3968 NORTH MONROE STREET
TALLAHASSEE, FL 32303 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
58-2673774

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

SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 NORTH MONROE STREET
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

Filing Fee is \$61.25
Due by September 12, 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 P ☐ Delete
NAME PLESCOW, JOHN
STREET ADDRESS 1504 BELMONT TRACE
CITY-STATE-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME TIRPAK, DOUG
STREET ADDRESS 6070 BIRCH TREE TERRACE
CITY-STATE-ZIP LAKE WORTH, FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME CONFORTI, CHERYL
STREET ADDRESS 10843 158TH STRET N
CITY-STATE-ZIP JUPITER, FL 33478

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME RAMATALLY, NAEEM
STREET ADDRESS 2738 W. THARPE ST #506
CITY-STATE-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☒ Addition
NAME Ashley Walker
STREET ADDRESS 2738 W. Tharpe St #506
CITY-STATE-ZIP Tallahassee, FL 32303

TITLE S ☐ Delete
NAME OKOLI, OKENWA
STREET ADDRESS 4743 PLANTERS RIDGE DRIVE
CITY-STATE-ZIP TALLAHASSEE, FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME MACWHIRTER, GLEN
STREET ADDRESS 724 CHESTERTOWN STREET
CITY-STATE-ZIP GAITHERSBURG, MD 20878

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Leann Sbordone Manager

8-4-08

850-562-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Plescow, President 09/09/08

KS