2004 NOT-FOR-PROFIT CORPORATION

FILED May 04, 2004 8:00 am . **ANNUAL REPORT**

Maincy Address 1911 CUREY STREET 1911 CURE	DOCUMENT # N0300003671 1. Entity Name SAVANNAH OAKS PROPERTY OWNERS' ASSOCIATION, INC.						Secretary of State 05-04-2004 90191 032 ***150.00				
Suite Apt # etc. Suite Apt # etc. City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Set 75 Additional Feetinguide T. Name and Address of New Registered Agent T. Name and	11911 CURL	EY STREET	119	11 CURLEY STREET							
City & State Country	2. Principal F	Place of Business	3. Ma	ling Address							
City & State City & State Country Zip Country 5. Certificate of Status Desired 88.75 Additional Fee Required 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Z	Suite. Apt. #, etc.			Suite, Apt. #, etc.			04252004 C	ha-NP	CR2E037 (10/03)	
Signarum Lector procedures and squared	City & State			City & State						i Ac	
Since the Address of New Registered Agent Since the Address of New Registered Agent	Zip Country			0	Cou	intry	5. Certificate of S	tatus Desired		.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registen	ed Agent			7. Name and Add	tress of New			
B. 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, head or printed name of registered agent											
S. The above named entity supmits 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, upond or protect name of registered agent and state of registered agent agent agent agent agent agent agent entitle flooproses. Philing Fee is \$61.25 Due by May 1, 2004 9. Efection Campaign Financing Added to Fees Fring Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE JOHNSON, DANIEL C SIRET ADDRESS SIRET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 CITY-ST-2P SAN ANTONIO, FL 33576 CITY-ST-2P SAN ANTONIO, FL 33576 Deele TILE MAME SIRET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 Deele TILE MAME SIRET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 Deele TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P Deele TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P TILE Change Addition TILE MAME SIRET ADDRESS CITY-ST-2P Change Addition TILE TILE TILE CHANGES CITY-ST-2P CHANGES CITY-ST-2P TILE CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P						Street Address (P.O. Box Number is Not Acceptable)					
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 doligations of registered agent. SIGNATURE Signature, florida predictions of registered agent. Post the doligations Post the doligati						City	·			Zip Cod	e
SIGNATURE Signature, food or protect marker of registered agent and life soppisation. ORDE: Registered agent signature required when consisting) OATE	8. The above	e named entity submits this statement to	for the pure	oose of changing its r	egister	ed office or registe	ered agent, or both, in	the State of		iliar with,	and accept
Policy P	the obligat	tions of registered agent.			J	5					
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DUBLEY STREET SIRET ADDRESS CITY-ST-2P TITLE DUBLES DEGREE DUBLES SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TI		Signature, typed or printed name of registered ager	niand lile fap	oricao:c. (NOTE:	Registere	d Agent signature require	ed when reinstating)	·	7.1		 .
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D JOHNSON, DANIEL C DIRECTORS IN 10 MAME JOHNSON, DANIEL C STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE D COOK, JACK L STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P SAN ANTONIO, FL 33576 TITLE NAME STREET ADDRESS CITY-ST-2P STREET STREET ADDRESS CITY-ST-2P STREET A	2 -						Added to Fees Florida Department of State				
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12. I hereby certify that the information sup-indicated on this report or supplemental of the corporation or the receiver of Just changed, or on an attachment with an acnot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute this apport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 813 -

CfTY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR