2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003707

Entity Name: SAVANNA BAY CONDOMINIUMS, INC.

FILED Mar 08, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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3228 WOODTHRUSH DR.

PUNTA GORDA, FL 33950

3228 WOODTHRUSH DR.

PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

100 SULLIVAN STREET 100 SULLIVAN STREET

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US

FEI Number: 99-0188825 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:

GREENE, JOAN F 100 SULLIVAN STREET PUNTA GORDA, FL 33950 US

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:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SCHALL, JUDY
 Name:
 SCHALL, JUDY

 Address:
 619 MADRID
 Address:
 619 MADRID

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T () Delete Title: () Change () Addition

 Name:
 SCHALL, DAVID
 Name:

 Address:
 619 MADRID BLVD
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: STRAZA, MARILEE Name: STRAZA, MARILEE

Address: 12246 CHAMPIONSHIP CIRCLE Address: 12246 CHAMPIONSHIP CIRCLE City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913 US

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: JUDY SCHALL PRES 03/08/2009