

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000004683

1. Entity Name  
THE SAVOY ON PALM CONDOMINIUM ASSOCIATION,  
INC.



FILED

07 MAR 27 AM 8:32

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2033 MAIN ST STE 600  
SARASOTA, FL 34237

Mailing Address  
2033 MAIN ST STE 600  
SARASOTA, FL 34237

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

3. Mailing Address  
595 Bay Isles Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 200

02222007 Chg-NP CR2E037 (12/06)



City & State  
Sarasota, FL

City & State  
Longboat Key, FL

4. FEI Number  
20-3983649

Applied For  
Not Applicable

Zip  
34236

Country

Zip  
34228

Country

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

## 6. Name and Address of Current Registered Agent

FUREN, MICHAEL J  
2033 MAIN ST STE 600  
SARASOTA, FL 34237

## 7. Name and Address of New Registered Agent

Name  
Kevin L. Edwards, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
630 South Orange Ave.  
3rd Floor  
City  
Sarasota, FL Zip Code  
34236-7504

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 reinstating)

DATE

2/23/07

Amended AR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BREUER, ELIZABETH  
744 S. ORANGE AVENUE  
SARASOTA, FL 34236 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
HEWITT, SHARON  
744 S. ORANGE AVENUE  
SARASOTA, FL 34236 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
HOLE, JEFF  
744 S ORANGE AVENUE  
SARASOTA, FL 34236 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Peter Fanning  
401 S. Palm Ave, Unit 501  
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
Robert Lindeman  
401 S. Palm Ave., Suite 903  
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Mort Siegel  
401 S. Palm Ave., Suite 1003  
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Wayne Ruben  
401 S. Palm Ave., Unit 1001  
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
George Hawley  
401 S. Palm Ave., Unit 502  
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800095815078  
04/04/07--01048--016 \*\*\$61.25

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07

941-365-4525

Date

Daytime Phone #

2/4/07