## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004683

FILED Apr 14, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 401 S. PALM AVE SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228 US FEI Number: 20-3983649 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: BETH COLLANS MGMT CORP 595 BAY ISLES RD. SUITE 200 LONGBOAT KEY, FL 34228 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: () Delete (X) Change ( ) Addition FANNING, PETER GROSS, LYNNE Name: Name: 401 S. PALM AVENUE, UNIT 501 Address: 401 S. PALM AVENUE, UNIT 701 Address: City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: SARASOTA, FL 34236 US Title: **VPSD** () Delete Title: () Change () Addition LINDEMAN, ROBERT Name: Name: Address: 401 S. PALM AVENUE, UNIT 903 Address: City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SIEGEL, MORT SIEGEL, MORT Name: Name: 401 S. PALM AVENUE, UNIT 1003 401 S. PALM AVENUE, UNIT 1003 Address: Address: City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: SARASOTA, FL 34236 US Title: ( ) Delete Title: () Change () Addition Name: RUBEN, WAYNE Name: 401 S. PALM AVENUE, UNIT 1001 Address: Address: City-St-Zip: SARASOTA, FL 34236 US City-St-Zip: Title: Title: TD

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.

Name:

Address:

City-St-Zip:

ROE, BILL

SIGNATURE: LYNNE GROSS PD 04/14/2009

() Delete

401 S. PALM AVENUE, UNIT 502

SARASOTA, FL 34236 US

HAWLEY, GEORGE

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

401 S. PALM AVENUE, UNIT 602

SARASOTA, FL 34236 US