2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006470

Oct 31, 2007 Secretary of State

Entity Name: SAVANNAH PLANTATION HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 5364 1714 BROOKE BEACH DRIVE NAVARRE, FL 32566 NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** PO BOX 5364 NAVARRE, FL 32566 FEI Number: 45-0522814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GROSS, SHANE KOONTZ, GREGORY TREAS 1811 BROOKE BEACH DRIVE 1714 BRÓOKE BEACH DRIVE NAVARRE, FL 32566 NAVARRE, FL 32566 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: GREGORY KOONTZ 10/31/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GROSS, SHANE MOORE, PARTICK Name: Name: Address: 1811 BROOKE BEACH DRIVE Address: 1745 BROOKE BEACH DRIVE City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566 Title: () Delete Title: (X) Change () Addition Name: BINDER, SCOTT Name: HUGGETT, STEVE Address: 1805 BROOKE BEACH DRIVE Address: 1775 BROOKE BEACH DRIVE City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566 Title: () Delete Title: () Change () Addition KOONTZ, GREGORY Name: Name: 1714 BROOKE BEACH DRIVE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEILSEN, ERIC Name: 1798 BROOKE BEACH DRIVE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip:

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: GREGORY KOONTZ Т 10/31/2007