

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007063

FILED
Mar 10, 2009
Secretary of State

Entity Name: SAVANNAH PLANTATION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12902 88TH TERR
LIVE OAK, FL 32060

New Principal Place of Business:

8856 131ST ROAD
LIVE OAK, FL 32060

Current Mailing Address:

12902 88TH TERRACE
LIVE OAK, FL 32060

New Mailing Address:

8856 131ST ROAD
LIVE OAK, FL 32060

FEI Number: 03-0584265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWILLEY, RHONDA
12970 88TH TERR
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WINSLOW, DAVID
Address: 12929 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: VP () Delete
Name: TWILLEY, WILLIAM
Address: 12970 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: T () Delete
Name: TWILLEY, RHONDA
Address: 12970 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: BLACKMON, MIKE
Address: 13134 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: JONES, DON
Address: 13122 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: SIMPSON, JIM
Address: 12902 88TH TERR
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RHONDA TWILLEY

TREA

03/10/2009

Electronic Signature of Signing Officer or Director

Date