

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000237

FILED
Feb 19, 2008
Secretary of State

Entity Name: SAVANNAH ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

571 CODY CALEB DRIVE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O BOX 65
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAYES, RICHARD
571 CODY CALEB DRIVE
WINTER HAVEN, FL 33884 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: VELEZ, WALTER
Address: 549 CODY CALEB DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TRES () Delete
Name: HAYES, SHARON
Address: 571 CODY CALEBB DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DIR () Delete
Name: HAYES, RICHARD
Address: 571 CODY CALEB DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DIR () Delete
Name: KIKER, SHELLY
Address: 548 CODY CALEB DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: DIR () Delete
Name: ESPINOSA, ENOCH
Address: 649 HART LAKE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC () Delete
Name: ESPINOSA, ANNA
Address: 649 HART LAKE DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPRE (X) Change () Addition
Name: GRAJO, RODOLFO
Address: 605 LYNDSEY LANE
City-St-Zip: WINTER HAVEN, FL 33884

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: DIR (X) Change () Addition
Name: WILSON, STEPHEN
Address: 552 CODY CALEB DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: RICHARD HAYES

DIR

02/19/2008

Electronic Signature of Signing Officer or Director

Date