## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

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DOCUMENT # N0400008073  1. Entity Name THE LAKES AT THE SAVANNAHS CONDOMINIUM					Secretary of State 04-21-2008 90040 027 ****61.25				
	TION, INC.								
Principal Place 1555 PALM I SUITE 1006	e of Business BEACH LAKES BOULEVARD	Mailing Address 1555 PALM BEACH LAKE SUITE 1006	S BOULEVARD						
WEST PALM E	BEACH, FL 33401	WEST PALM BEACH, FL 3	33401						
543 NW LAKE WHITNEY PLACE 54			Mailing Address  43 NW LAKE WHITNEY PLACE Suite, Apt. #, etc.		04440000		H 00H 1415( 1214 1	• 1111 7-41	
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POUT ST L	VCIE FL	Polity & State Polity & State			4. FEI Number 20-364062	22		Applied For Not Applicable	
34981		-3498lo	Country		5. Certificate of S	tatus Desired	□ \$8.75 / Fee Requ	Additional	
-3-1-100	6. Name and Address of Current I				7. Name and Ad	dress of New I	<del> </del>	<del></del>	
WARREN, RICHARD B				Name					
,	M BEACH LAKES BOULEVARD		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	LM BEACH, FL 33401								
			City				FL Zip C	ode	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	register	ed agent, or both, ir	the State of Fl	orida. 1 am familiar w	th, and accept	
(ine obligat	ions of registered agent.					•			
SIGNATURE.									
[ -		and title if explicable. {NOTE: F	Registered Agent signati	ure required	when reinstating)	·	DATE	<del></del>	
	Signature, typed or printed name of registered agent a	<del> </del>	Registered Agent signati	ure required			DATE		
40	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Be Added to Fees	Flo	fake check payabl rida Department of	State	
10.	Signature, typed or printed name of registered agent a	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be Added to Fees	Flo	lake check payabl rida Department of RS AND DIRECTORS	State IN 10	
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12. I hereby certify that the information supplied with the 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 employers 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 addless with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #