

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 028 ****61.25

DOCUMENT # N04611

1. Entity Name
SAVANNAH TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US**

Mailing Address
**3684 TAMPA RD
STE 6
OLDSMAR, FL 34677 US**

40053647



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2927005

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERITAGE PROPERTY MGMT
3684 TAMPA RD
STE 6
OLDSMAR, FL 34677**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**



10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, JEAN 8350 SAVANNA TRACE #1707 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, MIRIAM 8350 SAVANNAH TRACE #301 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEJESUS, MARIA 8350 SAVANNAH TRACE #1604 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOBROWSKI, DIANE 8350 SAVANNA TRACE #304 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, MARTHA 8350 SAVANNAH TRACE #206 TAMPA, FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	
BOYER, MIRIAM VPO 3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3684 Tampa Rd, Ste 6 Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this 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 empowered 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jean Marino, President

3-25-08

813-925-8874