

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90104 025 \*\*\*\*61.25

<b>DOCUMENT # N05000002809</b>	
1. Entity Name <b>SAVANNA POINTE HOMEOWNERS ASSOCIATION, INC.</b>	



Principal Place of Business <b>2045 SAN MARCOS DR WINTER HAVEN, FL 33880</b>	Mailing Address <b>2045 SAN MARCOS DR WINTER HAVEN, FL 33880</b>
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2. Principal Place of Business - No P.O. Box # <b>100 Savanna Pte.</b>	3. Mailing Address <b>100 Savanna Pte.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State <b>Winter Haven, FL</b>	City & State <b>Winter Haven, FL</b>
Zip <b>33884</b>	Zip <b>33884</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>APPLIED FOR 20-5003931</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>TENAGLIA, RICHARD A 2045 SAN MARCOS DR WINTER HAVEN, FL 33880</b>	
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7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ADAMS, D. JOEL 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. Jeff Futch 103 Cloverdale Rd. Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ADAMS, ROBERT J 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Allan Hilson 210 Cloverdale Rd Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec. / Tres. Doug Mangione 211 Cloverdale Rd Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Rob Turner 449 Savanna Pte. Ave Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Joan Oliver 595 Drayton Rd Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 <b>Allan Hilson</b>	<b>3-6-7</b>	<b>586-8396443</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>