2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

DOCUMENT # N0500002809 1. Entity Name SAVANNA POINTE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address				03	3-12-2007 90104 0	25 ****61.25	
2045 SAN M		Mailing Address 2045 SAN MARGOS DR WINTER HAVEN, FL-33880	9				
2 Principal F	Near of Projects No. CO. Roy #	2 Marilia Address					
Suite, Apt.	#, etc.	3. Mailing Address Suite, Apt. #, etc.	DIO PH	2404007)37 (12/06)	
City & Stat	for Haven, FC	City & State Winter	WED, FL	4. FEI Number APPLIED FO	OR 20-5002	Applied For Not Applicable	
338	984 USA	33884	Country. USA	5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name (O	7. Name and Add	ress of New Registered	Agent	
T ENAGLIA, RICHARD A 20 45 SAN MARCOS DR WINTER HAVEN, FL 33880			NI	Street Address (P.O. Box Number is Not Acceptable)			
VVIII	174EN, 1 L 33000						
	·		City	<u>,</u>	Fl	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its reg	pistered office or regis	stered agent, or both, in	the State of Florida. I am	n familiar with, and accept	
SIGNATURE		·					
	Signature, typed or printed name of registered agent a	nd title if applicable {NOTE: Reg	gistered Agent signature redu	wed when reinstating)	DATE		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Cont	tign Financing	\$5.00 May Be Added to Fees	Make chec	ck payable to	
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	tign Financing	\$5.00 May Be Added to Fees	Make chec	ertment of State	
TITLE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Campa Trust Fund Cont	tign Financing tribution.	\$5.00 May Be Added to Fees	Make chec Florida Depa	ertment of State	
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I hereby certify that the information supplied with this filling 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.