

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002809

FILED
Feb 06, 2009
Secretary of State

Entity Name: SAVANNA POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

2045 SAN MARCOS DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-5003931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
CREATIVE ASSOCIATION SERVICES
2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

TENAGLIA, RICHARD A
C/O CREATIVE ASSOCIATION SERVICES, INC.
2045 SAN MARCOS DRIVE
WINTER HAVEN, FL 33880 US

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:

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILSON, ALLAN
Address: 210 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: TURNER, ROB
Address: 449 SAVANNA POINTE AE
City-St-Zip: WINTER HAVEN, FL 33884

Title: ST () Delete
Name: HART, BRUCE
Address: 561 DRAYTON RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MCDERMOTT, MELVA
Address: 441 SAVANNA POINTE ST
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MONGIOVE, DOUGLAS
Address: 211 CLOVERDALE RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: TILSON, LAVERN
Address: 198 CLOVERDALE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: S (X) Change () Addition
Name: DEE, KEVIN
Address: 319 CLOVERDALE ROAD
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: ALLAN HILSON

P

02/06/2009

Electronic Signature of Signing Officer or Director

Date