2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005371

Entity Name: SAVANNAH PINES CONDOMINIUM, INC.

FILED Mar 04, 2009 Secretary of State

•		,					
Current Principal Place of Business:				New Principal Place of Business:			
5955 T.G. LEE BLVD., STE. 300 ORLANDO, FL 328224457 US				385 DOUGLAS AVENUE 3000 ALTAMONTE SPRINGS, FL 32714 US			
Current Mailing Address:				New Mailing Address:			
5955 T.G. LEE BLVD., STE. 300 ORLANDO, FL 328224457 US				385 DOUGLAS AVENUE 3000 ALTAMONTE SPRINGS, FL 32714 US			
FEI Number:	20-2904450	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
5955 T.G. I ORLANDC The above	REBECCA LEE BLVD., ST D, FL 32822445 named entity see of Florida.		ourpose o	385 DOUG 3000 ALTAMON	LAS AVENUE TE SPRINGS,	FL 32714 l	
		I NIEVES				03/04	/2009
SIGNATURE: MARILYN NIEVES Electronic Signature of Registered Agent							
OFFICERS	S AND DIREC			ADDITION	S/CHANGES	TO OFFICE	RS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete MORENCY, MARC 9310 FLOWERING COTTONWOOD RD ORLANDO, FL 32832 US			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ALI, RAVI	Delete AH WOOD COURT 32832 US		Title: Name: Address: City-St-Zip:	S (X) BAUMAN, JENNI 9350 FLOWERII ORLANDO, FL	NG COTTONN	
Title: Name: Address: City-St-Zip:	SIPKA, DREW	Delete ING COTTONWOOD ROAD 32832 US		Title: Name: Address: City-St-Zip:	D (X) SIPKA, DREW 9358 FLOWERII ORLANDO, FL		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () HOOD, TINA 9417 FLOWERII ORLANDO, FL		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	T () HANSEN, MATTH 9368 JASMINE F ORLANDO, FL	FLOWER LN	ddition

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: MARC MORENCY P 03/04/2009