


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90016 028 \*\*\*\*70.00

<b>DOCUMENT # N05000005834</b>					
<b>1. Entity Name</b> SAVANNAH AT RIVERSIDE CONDOMINIUMS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 881 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 881 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0546089	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
S			Name <u>LOU CAPLAN</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>C/O SACHS &amp; SAK</u>		
			<u>301 Yamato Rd, Ste 4150</u>		
			City <u>BOCA RATON</u> <u>FL</u> Zip Code <u>33431</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <u>G. Sachs &amp; S. Sak</u>				DATE <u>2/15/08</u>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRONENBERG, MORTON 140 NE 28AVE #509 POMPANO BEACH, FL 33062		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUELTZOW, GARY A 5610 SW 9 ST PLANTATION, FL 33317		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHATOMAL, HARESH 934 UNIVERSITY DR #444 CORAL SPRINGS, FL 33071		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <u>Morton Kronenberg</u>				Date <u>February 12 2008</u> Daytime Phone # <u>954 6844400</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					