2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008816

FILED Oct 28, 2008 Secretary of State

Entity Name: SAVANNAH FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

508-A CAPITAL CIRCLE SE 106 WEST 5TH AVENUE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

508-A CAPITAL CIRCLE SE PO BOX 3761

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32315

FEI Number: 65-1259849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, SUSAN S 3520 THOMASVILLE ROAD 4TH FLOOR TALLAHASSEE, FL 32309 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: SUSAN THOMPSON

TALLAHASSEE, FL 32301

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TALLAHASSEE, FL 32315

itle: D () Delete Title: D (X) Change () Addition

Name: SAXON, FRED Name: WILLIAMS, J V
Address: 508-A CAPITAL CIRCLE SE Address: P.O. BOX 3761

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete Title: D (X) Change () Addition

 Name:
 TURNER, DOUGLAS E
 Name:
 LEE, WILLIAM

 Address:
 508-A CAPITAL CIRCLE SE
 Address:
 P.O. BOX 3761

Title: D () Delete Title: D (X) Change () Addition

Name: O'REILLY, JOHN Name: CARD, DONNA
Address: 508-A CAPITAL CIRCLE SE Address: P.O. BOX 3761

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete Title: D (X) Change () Addition Name: LEE, WILLIAM M Name: JENKS, JEFF

Address: P.O. BOX 3761 Address: 24 SAVANNAH FOREST CIRCLE
City-St-Zip: TALLAHASSEE, FL 32315 City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Change (X) Addition

Name: UBIETA, GUSTAVO

Address: Address: 21 SAVANNAH FOREST CIRCLE City-St-Zip: CRAWFORDVILLE, FL 32327

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: WILLIAM M. LEE D 10/28/2008