

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009731

1. Entity Name
SAVANNA'S WALK OWNERS ASSOCIATION, INC.



Principal Place of Business
14952 US HIGHWAY 90
LIVE OAK, FL 32060

Mailing Address
14952 US HIGHWAY 90
LIVE OAK, FL 32060

FILED

08 MAY -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03312008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-1278203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOBLES, RANDY K
14952 US HIGHWAY 90
LIVE OAK, FL 32060

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, RANDY K 14952 US HIGHWAY 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, WALTER J 14952 US HIGHWAY 90 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOBLES, RONNY W 14952 US HIGHWAY 90 LIVE OAK, FL 32060
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/08

Date

386-
362-7814

Daytime Phone #