


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90031 023 ****61.25

DOCUMENT # N06000012274	
1. Entity Name SAVANNAH TRACE RESIDENTS' ASSOCIATION, INC.	

Principal Place of Business C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928	Mailing Address C/O PULTE HOME CORPORATION 9240 ESTERO PARK COMMONS BLVD ESTERO, FL 33928
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2. Principal Place of Business - No P.O. Box # C/O Intergrated Property Mgmt.	3. Mailing Address C/O Intergrated Property Mgmt.
Suite, Apt. #, etc. 3435 10th Street N. #201	Suite, Apt. #, etc. 3435 10th Street N. #201
City & State Naples, FL	City & State Naples, FL
Zip 34103	Country
Country	Zip 34103

40004000



02292008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8639170		Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent								
7. Name and Address of New Registered Agent								
<table border="1"> <tr> <td colspan="2">Name C/O Intergrated Property Mgmt.</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201</td> </tr> <tr> <td>City Naples, FL 34103</td> <td>Zip Code FL</td> </tr> </table>			Name C/O Intergrated Property Mgmt.		Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201		City Naples, FL 34103	Zip Code FL
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Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201								
City Naples, FL 34103	Zip Code FL							

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 *J. Murphy* *3/20/08*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D % PULTE HOME-9240 ESTERO PARK COM. BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brooks, Scott 9240 Estero Park Commons Blvd. Estero, FL 32928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEEKS, W. MICHAEL % PULTE HOME-9240 ESTERO PARK COM. BLVD ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV McCormick, Richard 9240 Estero Park Commons Blvd. Estero, FL 32928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAY, LAURA % PULTE HOME-9240 ESTERO PARK COM. BLVD ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ray, Laura 9240 Estero Park Commons Blvd. Estero, FL 32928 <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

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 the 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 *Laura A. Ray* *3/22/08* *239-495-4802*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #