

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90077 011 ****61.25

DOCUMENT # N11316

1. Entity Name

SAVANNAH PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2802 WEST CLEVELAND STREET
TAMPA FL 33609

Mailing Address

2802 WEST CLEVELAND STREET
UNIT D
TAMPA FL 33609



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3713158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRANZ, TOM
2802 W CLEVELAND ST
UNIT L
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name Nora GRAZIANO

Street Address (P.O. Box Number is Not Acceptable)

2802 W. Cleveland St. Unit F

City Tampa

FL

Zip Code
33609

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 installing)

DATE

2/13/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SHAH, KINDRA
STREET ADDRESS 2802 W. CLEVELAND ST. #D
CITY-ST-ZIP TAMPA FL 33609

TITLE T ☐ Delete
NAME GRAZIANO, NORA
STREET ADDRESS 2802 W. CLEVELAND ST. #F
CITY-ST-ZIP TAMPA FL 33609

TITLE S ☒ Delete
NAME RUSELLA, PHYLLIS
STREET ADDRESS 2802 W. CLEVELAND ST., UNIT O
CITY-ST-ZIP TAMPA FL 33609

TITLE PD ☒ Delete
NAME KRANZ, TOM
STREET ADDRESS 2802 W CLEVELAND ST UNIT L
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☒ Addition
NAME Mary Milne
STREET ADDRESS 2802 W. Cleveland St. Unit B
CITY-ST-ZIP TPA, FL 33609 Director

TITLE ☐ Change ☒ Addition
NAME Allison Fox
STREET ADDRESS 2802 W. Cleveland St. Unit G
CITY-ST-ZIP TPA, FL 33609 Director

TITLE ☐ Change ☒ Addition
NAME Molly Hye Nye
STREET ADDRESS 2802 W. Cleveland St. Unit J
CITY-ST-ZIP TPA, FL 33609 Director

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nora Graziano

2/13/07

(813) 209-5855