FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:04

DOCUMENT # N21594 (9)

1. Corporation Name
SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 701213 ST. CLOUD FL 34770 -1213	P.O. BOX 701213 ST. CLOUD FL 34770 -1213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2380692 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHOBLEY, RAYMOND H.
106 PAQUIN DR
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name: PAULSEN, ROBERT G. JR
82 Street Address (P.O. Box Number is Not Acceptable): 212 FLAGLER COURT
83
84 City: ST. CLOUD FL 85 Zip Code: 34769-3502

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert G Paulsen Jr — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	PRESIDENT. ☒ Change ☐ Addition
NAME	WOLF, CLAIRE	12 NAME		STRAIGHT, ALLEN
STREET ADDRESS	325 MACON WAY	13 STREET ADDRESS		218 FLAGLER COURT
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP		ST. CLOUD, FL
TITLE	SD	21 TITLE	D	VICE-PRESIDENT ☒ Change ☐ Addition
NAME	PACIOREK, WENDY	22 NAME		KRAUS, ALLISON
STREET ADDRESS	6 AUGUSTA CIR	23 STREET ADDRESS		102 MACON WAY
CITY-ST-ZIP	ST. CLOUD FL	24 CITY-ST-ZIP		ST CLOUD, FL
TITLE	VD	31 TITLE	D	TREASURER ☒ Change ☐ Addition
NAME	HEUSER, RICK	32 NAME		PAULSEN, ROBERT
STREET ADDRESS	307 MACON WAY	33 STREET ADDRESS		212 FLAGLER COURT
CITY-ST-ZIP	ST. CLOUD FL	34 CITY-ST-ZIP		ST. CLOUD, FL
TITLE	TD	41 TITLE	D	SECRETARY ☒ Change ☐ Addition
NAME	WHOBREY, RAYMOND	42 NAME		LEY, DICK
STREET ADDRESS	106 PAQUIN DR	43 STREET ADDRESS		101 PAQUIN DRIVE
CITY-ST-ZIP	ST. CLOUD FL	44 CITY-ST-ZIP		ST. CLOUD, FL
TITLE	D	51 TITLE	D	~~AUDIT~~ STD MEMBER ☒ Change ☐ Addition
NAME	DAVIS, WADE	52 NAME		PFEIFER, KEVIN
STREET ADDRESS	313 MACON WAY	53 STREET ADDRESS		201 MEMPHIS PLACE
CITY-ST-ZIP	ST. CLOUD FL	54 CITY-ST-ZIP		ST. CLOUD, FL
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert G Paulsen Jr — 10 May 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMPANY