

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 JAN -3 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21594

1. Corporation Name

**Savanna Park H.O.A. ✓
Homeowner's Assn. Inc.**

Principal Place of Business

Mailing Address

**P.O. Box 701213
St. Cloud FL 34770**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

7-16-1987

4. FEI Number

59-2880692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

10. Name and Address of New Registered Agent

**Wade Davis
313 Macon Way
St. Cloud FL 34769**

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Wade Davis

Wade Davis President

4-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRES
DAVIS, WADE
313 Macon Way
St. Cloud, FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VICE PRES
DIERICKY, KIM
2 Macon Way
St. Cloud FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DIR. SEVER WOLL
20 Macon Way
St. Cloud FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TREASURER
SANDRA WHOBREY
100 PAQUIN DR.
ST. CLOUD FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SECRETARY
SHIDLEY, KIM
AUGUSTA CIRCLE
ST. CLOUD FL 34769**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Sandra Whobrey **Sandra Whobrey** **4-2-99** **407 892 4458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

KE