

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21594

1. Entity Name

SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90015 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 701213
SAINT CLOUD FL 34770

P.O. BOX 701213
SAINT CLOUD FL 34770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2880692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WADE
313 MACON WAY
ST CLOUD FL 34769

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
DAVIS, WADE
313 MACON WAY
ST CLOUD FL 34769 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
Petersohn, Kimberly
113 Paquin Drive
St Cloud, FL 34769 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
DIERICKX, KIM
8 MACON WAY
ST. CLOUD FL 34769 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Heuser, Margaret Joy
307 Macon Way
St Cloud, FL 34769 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WOLL, SEVER
20 MACON WAY
ST CLOUD FL 34769 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ET
Larmore, Michelle
118 Paquin Drive
St Cloud, FL 34769 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WHOBREY, SANDRA
106 PAQUIN DR.
ST CLOUD FL 34769 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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: Wade Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

(407) 957-5642

CR2E037 (9/99)