~2001 UNIFORM BUSINESS REPOR **DOCUMENT # N21594** FILED ELNETARY OF STATE 1. Entity Name LVISION OF CORPORATIONS "SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC. 010CT-5 AMII:53 Principal Place of Business Mailing Address P.O. BOX 701213 P.O. BOX 701213 SAINT CLOUD FL 34770 SAINT CLOUD FL 34770 977712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2880692 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent ----Street Address (P.O. Box Number is Not Acceptable) DAVIS, WADE 313 MACON WAY ST CLOUD FL 34769 City 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 \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (5/01)Chance ☐ Addition DAVIS, WADE NAME STREET ADDRESS 313 MACON WAY STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769 CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change PETERSOHN, KIMBERLY_ NAME NAME 1 STREET ADDRESS 113 PAQUIN DR STREET ADDRESS CITY-ST-ZIP SAINT CLOUD FL 34769 CITY-ST-ZIP TITLE TITLE ☐ Delete WOLL-SEVER NAME STREET ADDRESS 20 MACON WAY STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769 CITY-ST-ZIP DŤ TITLE ☐ Delete TITLE **X** Change ■ Addition HEUSER, MARGARET J NAME NAME STREET ADDRESS 307 MACON WAY Heusek STREET ADDRESS CITY-ST-ZIP ST CLOUD FL 34769 CITY-ST-7IP Delete TITLE Addition LARMORE MICHELLE MAME NAME STREET ADDRESS 118 PACIÚIN DR STREET ADDRESS CITY-ST-ZIP **Saint Cloud FL 34769** CITY-ST-71P secretary Virginia Waggorek 213 Macon Way TITLE ☐ Celete TITLE Addition 🗶 NAME NAME STREET ADDRESS STREET ADDRESS s+Cloud FL 34769 CITY-ST-ZIP CITY-ST-ZIP

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:

SUMMET VALLE OF THE DEPOSIT OF THE PARTY OF SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

October 3, 2001

Savanna Park Homeowners Reference: N21594

I would like to apologize for the lateness of my reply; however I just received your letter as our mail goes to a PO box and the person who retrieves the mail was on an extended summer vacation.

Your assistance in completing our application is most appreciated. Here is how the correction you requested:

Wade Davis is President, Trustee and Director Sever Woll is Vice President, Trustee and Director Margaret J Heuser is Treasurer, Trustee and Director Virginia Waggoner is Secretary

I hope this will help you in completing my request and if I can be of further help My office number is 407-858-6755.

Thank you again for your help and patience,

Margaret J Heuser

Magnes JA

p.s. I marked corrections in ded on forms. attachment

The state of the s