

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90007 007 \*\*\*\*61.25

**DOCUMENT # N21594**

1. Entity Name

SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 701213  
SAINT CLOUD FL 34770

Mailing Address

P.O. BOX 701213  
SAINT CLOUD FL 34770

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2880692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NANETTE, DAVIS  
313 MACON WAY  
SAINT CLOUD FL 34769

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nanette Davis*  
Signature of person who is changing registered agent and title if applicable.

*Savanna Park Home Owners Association*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*8/25/04*

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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	PTRD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WADE	
STREET ADDRESS	313 MACON WAY	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VTRD	<input checked="" type="checkbox"/> Delete
NAME	WOLL, SEVER	
STREET ADDRESS	20 MACON WAY	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	SPTD	<input type="checkbox"/> Delete
NAME	WAGGONER, VIRGINIA	
STREET ADDRESS	213 MACON WAY	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nanette Davis	
STREET ADDRESS	313 macon Way	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Curtain	
STREET ADDRESS	13 Augusta Cr.	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waggoner Virginia	
STREET ADDRESS	213 macon Way	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Whobrey	
STREET ADDRESS	106 Piquin Dr	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Nanette Davis* Nanette Davis President

8/25/04

407-957-5092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #