

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 035 ****61.25

DOCUMENT # N21594 1. Entity Name SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 213 MACON WAY SAINT CLOUD, FL 34769				Mailing Address P.O. BOX 701213 SAINT CLOUD, FL 34770	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 7 AUGUSTA CIRCLE		Suite, Apt. #, etc. P.O. BOX 701213			
City & State SAINT CLOUD FLA		City & State SAINT CLOUD FLA			
Zip 34769		Country USA		Zip 34770	
		Country USA		4. FEI Number 59-2880692	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YOUNG, PHILIP A 112 AUGUSTA CIRCLE SAINT CLOUD, FL 34769			7. Name and Address of New Registered Agent Name WILLIAM S. CLANCY Street Address (P.O. Box Number is Not Acceptable) 7 AUGUSTA CIRCLE City SAINT CLOUD FL Zip Code 34769		
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 <u><i>William S. Clancy</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-17-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGGONER, WILLIAM 213 MACON WAY ST CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY HOLT 31 AUGUSTA CIRCLE SAINT CLOUD FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REYNOLDS, TODD 118 PAQUIN DRIVE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YOUNG, PHILIP 112 AUGUSTA CIRCLE SAINT CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUISA CASERTANO 13 PAQUIN DRIVE SAINT CLOUD FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM S. CLANCY 7 AUGUSTA CIRCLE SAINT CLOUD FL 34769 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>William S. Clancy</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>				DATE 4-17-08 DAYTIME PHONE # 407 892 5237	

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04172008 Chg-NP CR2E037 (12/06)