## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21594

FILED Jan 28, 2009 Secretary of State

Entity Name: SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7 AUGUSTA CIRCLE 218 FLAGLER CT

SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

P.O. BOX 701213 P.O. BOX 701213

SAINT CLOUD, FL 34770 SAINT CLOUD, FL 34770 12

FEI Number: 59-2880692 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLANCY, WILLIAM S GUDAHL, SUSAN M 7 AUGUSTA CIRCLE 218 FLAGLER CT

SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34769 US

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: SUSAN M. GUDAHL 01/28/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 HOLT, TERRY
 Name:
 LINVILLE, BRADLEY

 Address:
 31 AUGUSTA CIRCLE
 Address:
 113 PAQUIN DRIVE

 City-St-Zip:
 SAINT CLOUD, FL 34769
 City-St-Zip:
 SAINT CLOUD, FL 34769

Title: V () Delete Title: V (X) Change () Addition

 Name:
 REYNOLDS, TODD
 Name:
 CLANCY, WILLIAM S

 Address:
 118 PAQUIN DRIVE
 Address:
 7 AUGUSTA CIRCLE

 City-St-Zip:
 SAINT CLOUD, FL 34769
 City-St-Zip:
 SAINT CLOUD, FL 34769

 $\label{eq:title:ST} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 CASERTANO, LUISA
 Name:
 MORGAN, WAYNE

 Address:
 13 PADOUIN DRIVE
 Address:
 213 FLAGLER CT

 City-St-Zip:
 SAINT CLOUD, FL 34769
 City-St-Zip:
 SAINT CLOUD, FL 34769

 Name:
 CLANCY, WILLIAM S
 Name:
 GUDAHL, SUSAN M

 Address:
 7 AUGUSTA CIRCLE
 Address:
 218 FLAGLER CT

 City-St-Zip:
 SAINT CLOUD, FL 34769
 City-St-Zip:
 SAINT CLOUD, FL 34769

 Name:
 Name:
 LUTZ, PHILIP

 Address:
 Address:
 25 AUGUSTA CIRCLE

 City-St-Zip:
 City-St-Zip:
 SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. GUDAHL TREA 01/28/2009