## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N21594**

1. Entity Name

## SAVANNA PARK HOMEOWNER'S ASSOCIATION, INC.



FILED Sep 12, 2003 8:00 am Secretary of State

09-12-2003 90091 046 \*\*\*\*61.25

				/	VE TES				
Principal Plac	ce of Business	<del></del>	Mailing Address		<u> </u>	7			
P.O. BOX 701213 SAINT CLOUD FL 34770		P.O. BOX 701213 SAINT CLOUD FL 34770					·		
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2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number <b>59-2880692</b> Applied For Not Applicable			
Zip Country			Zip	Zip Country		5. Certificate of Status Desired Sa.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Adde	ress of New Register	ed Agent	
	المروم تسمست المست	The state of the s	n ferred, in the first less		Name na	nette Dai	VIS		
	DAVIS, WADE.				Street Address	(P.O. Box Number is N	. Box Number is Not Acceptable)		
313 MACON WAY ST CLOUD FL 34769					3/3	magon U	Day		
· · · · · · · · · · · · · · · · · · ·				City St. Cli		oud	F	FL Zip Cod 347	69
			the purpose of changing it	s register	ed office or registe	ered agent, or both, in t	he State of Florida. 1	am familiar with,	and accept
the obligat	tions of registere	a agent.	1 /	_	-		<u> </u>	,	
SIGNATURE	What	le Par	SW WADE	A.	DAVIS	PRES Denl	· 9/9/	03	
SIGNATIONE		rinted name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)	DA	E	
	<u>,</u>								
FILE NOW: FEE IS \$61.25  After September 10, 2003, min. will be \$236.25  Trust Fund Contri					• –	\$5.00 May Be Added to Fees		eck Payable	
Aiter Sept	itellipei 10, 20	بر بران برون الله الله الله الله الله الله الله الل	36,29	OGMANDAN		Added to Fees	riofida Del	artment of S	State
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE	PTRD		☐ Delete	TITL	E			Change	☐ Addition
NAME	DAVIS, WADI			NAM					
STREET ADDRESS CITY-ST-ZIP	313 MACON ST CLOUD F				ET ADDRESS - ST-ZIP				
TITLE	VTRD	L 34109	☐ Delete	тіты				Change	Addition
NAME	WOLL, SEVE	R		NAM	i i				
STREET ADDRESS	LO 110 10 011 1				ET ADDRESS				
CITY-ST-ZIP	ST.CLOUD F	L 34769		CITY	-ST-ZIP	<u></u>		<u> </u>	
TITLE NAME	SPTD WAGGONER	MDCINIA	☐ Delete	TITLE				Change	☐ Addition
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CITY-ST-ZIP	ST CLOUD F			CITY	-ST-ZIP				
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TITLE NAME			☐ Delete	TITLE				Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				NAM STRE CITY TITLE NAM	E Et address -St-Zip E				
NAME STREET ADDRESS CITY-ST-ZIP				NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -ST-ZIP				

12. I hereby certify that the information supplied with this filling 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

407-957-5692