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99 APR 22 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N29269</b>					
1. Corporation Name <b>SAVANNAS RESERVE ENDOWMENT, INC.</b>					
Principal Place of Business <b>9551 GUMBO LIMBO LANE JENSEN BEACH FL 34957</b>			Mailing Address <b>9551 GUMBO LIMBO LANE JENSEN BEACH FL 34957</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/14/1988</b>	
4. FEI Number <b>65-0124775</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. <b>FL</b>	
9. Name and Address of Current Registered Agent <b>PAZARA, PAT 5901 CASSIA DR FT PIERCE FL 34982</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZARRA, PAT	12 NAME	PAZARRA, PAT
STREET ADDRESS	5901 CASSIA DR	13 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34982	14 CITY-ST-ZIP	
TITLE	C	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, JOE	22 NAME	HERZOG, JOE
STREET ADDRESS	9416 GUMBO LIMBO LANE	23 STREET ADDRESS	9416 GUMBO LIMBO LN
CITY-ST-ZIP	JENSEN BEACH FL 34957	24 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	MD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGUTTI, ROBERT	32 NAME	HOFMANN, RAY
STREET ADDRESS	110 RIVERSIDE DR	33 STREET ADDRESS	2625 SE HALLAHAN ST
CITY-ST-ZIP	JENSEN BEACH FL 34957	34 CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	DS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, JANET	42 NAME	
STREET ADDRESS	10213 S. INDIAN RIVER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOFFMAN, CHARLES	52 NAME	MOORE, HAL
STREET ADDRESS	2101 HARLOW ST SE	53 STREET ADDRESS	2338 NE PATRICIA LN
CITY-ST-ZIP	PORT ST LUCIE FL 34952	54 CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, HILLARY T	62 NAME	SCHMIDT, JUDY
STREET ADDRESS	1176 OCEANVIEW CIR	63 STREET ADDRESS	2400 S. OCEAN DR.
CITY-ST-ZIP	JENSEN BEACH FL 34957	64 CITY-ST-ZIP	FT. PIERCE, FL 34949

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (1/98)

April 17, 1999 (56) 335-0481