

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90084 009 ****61.25

DOCUMENT # N29269

1. Entity Name

SAVANNAS RESERVE ENDOWMENT, INC.



Principal Place of Business

9551 GUMBO LIMBO LANE
ST LUCIE FL 34957

Mailing Address

9551 GUMBO LIMBO LANE
ST LUCIE FL 34957

20014392



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0124775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKELVEY, GEOFF
3809 NW ROYAL OAK DR.
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

RAY TREACY

Street Address (P.O. Box Number is Not Acceptable)

3070 SE. GALT CIRCLE

City

Port ST. LUCIE

FL

Zip Code

34984

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

RAY TREACY - (PRESIDENT) Ray Treacy

2-15-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	MCVAY, HARRY	
STREET ADDRESS	3457 NE JEANNETT	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERZOG, CAROL	
STREET ADDRESS	9416 GUMBO LIMBO LN	
CITY - ST - ZIP	JENSEN BEACH FL 34957	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCKELVEY, GEOFF	
STREET ADDRESS	2321 NW BAY COLONY CT.	
CITY - ST - ZIP	STUART FL 34994	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROFF, LOIS	
STREET ADDRESS	2525 SE HALLAHAN ST.	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34952	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAURSEY, HENRY	
STREET ADDRESS	8404 GALLBERRY CIR	
CITY - ST - ZIP	PORT ST LUCIE FL 34952	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIDT, JUDY	
STREET ADDRESS	2400 S OCEAN DR	
CITY - ST - ZIP	FT PIERCE FL 34949	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINIC PALUMBO JR.	
STREET ADDRESS	9551 GUMBO LIMBO LN	
CITY - ST - ZIP	JENSEN BEACH FL 34957-2208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY TREACY	
STREET ADDRESS	3070 SE. GALT CIRCLE	
CITY - ST - ZIP	PORT ST. LUCIE FL 34984	
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		
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:

Domonic Palumbo Jr.

2-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #