

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N29269 1. Entity Name FRIENDS OF SAVANNAS PRESERVE STATE PARK INC				FILED 07 APR 23 AM 8:53 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 9551 GUMBO LIMBO LANE ST LUCIE, FL 34957		Mailing Address 9551 GUMBO LIMBO LANE ST LUCIE, FL 34957			
2. Principal Place of Business - No P.O. Box # 2541 WALTON RD Suite, Apt. #, etc.		3. Mailing Address 2541 WALTON RD Suite, Apt. #, etc.		04122007 Chg-NP CR2E037 (12/06)	
City & State PORT ST LUCIE, FL		City & State PORT ST. LUCIE, FL		4. FEI Number 65-0124775	
Zip 34952 Country USA		Zip 34952 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TREAGY, RAY 3070 SE GALT CIRCLE PORT SAINT LUCIE, FL 34984			7. Name and Address of New Registered Agent Name WILLIS TOWNSEND Street Address (P.O. Box Number is Not Acceptable) 1902 SIR LANCELOT DR SE City PORT ST. LUCIE FL 34952		
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>Willis Townsend</i></u> 4-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D MCVAY, HARRY 3457 NE JEANNETT JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V JOEL KAISER 2102 ROUNDTABLE PORT ST. LUCIE FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, CAROL 9416 GUMBO LIMBO LN JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T DIANA STALEY 695 SAVANNA VISTA JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, DOMINI JR 4551 GUMBO LIMBO LN JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOETTE SMITH 212 WINNACHEE DR. STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TOWNSEND, WILLIS 1902 SIR LANCELOT DR SE PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY SIMON 3457 NE. JEANNETTE DR JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAURSEY, HENRY 8404 GALLBERRY CIR PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN ALLEN 516 S.W. DEER RUN PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: center; font-size: 2em;">B34/24</div>		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>Willis Townsend</i></u>			4-13-07		772 337 4499
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 20, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify to you that the Friends of Savannas Preserve State Park, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments