

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 008 ****61.25

DOCUMENT # N41004

1. Entity Name
SAVANNA HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1175 NE PINEHILL TERRACE
JENSEN BEACH, FL 34957 US**

Mailing Address
**1175 NE PINEHILL TERRACE
JENSEN BEACH, FL 34957 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-0328257

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGDALENA, CAROLYN
1175 NE PINEHILL TERRACE
JENSEN BEACH, FL 34957**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MAGDALENA, CAROLYN
1175 NE PINEHILL TERRACE
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
MASSAGLIA, SHARON
1079 NE PINEHILL TERR
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BLANKENBECKLOR, CONNIE
1198 PINEHILL TERRACE
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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: CAROLYN MAGDALENA *Carolyn Magdalena* **7/24/06 (772) 232 0850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #