2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41004

FILED Jul 24, 2009 Secretary of State

Entity Name: SAVANNA HILLS PROPERTY OWNERS ASSOCIATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 1175 NE PINEHILL TERRACE JENSEN BEACH, FL 34957 **Current Mailing Address: New Mailing Address:** 1175 NE PINEHILL TERRACE JENSEN BEACH, FL 34957 US FEI Number: 65-0328257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAGDALENA, CAROLYN 1175 NE PINÉHILL TERRACE JENSEN BEACH, FL 34957 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAGDALENA, CAROLYN Name: Name: Address: 1175 NE PINEHILL TERRACE Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MASSAGLIA, SHARON Name: WEEKS, STEPHANIE Address: 1079 NE PINEHILL TERR Address: 1102 NE PINEHILL TERRACE City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: (X) Change () Addition BLANKENBECKLOR, CONNIE Name: BLANKENBECKLOR, CONNIE Name: Address: 1198 PINEHILL TERRACE Address: 1198 NE PINEHILL TERRACE City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN C. MAGDALENA PD 07/24/2009