


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N42920
 1. Entity Name
SAVOY ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 7227 SAVOY CT SEMINOLE, FL 33776 US	Mailing Address 7227 SAVOY CT SEMINOLE, FL 33776 US
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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3061681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BALDWIN, MARY K
 7227 SAVOY CT
 SEMINOLE, FL 33776

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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.

M/K

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGES, ALAN 7296 SAVOY CT SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRESKE, RICHARD 7152 SAVOY CT SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDWIN, MARY K 7227 SAVOY CT SEMINOLE, FL 33776
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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: Mary K Baldwin TREASURER 3/23/07 727-393-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY K BALDWIN