## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42920

FILED Apr 22, 2008 Secretary of State

Entity Name: SAVOY ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7227 SAVOY CT SAVOY C

SEMINOLE, FL 33776 US SEMINOLE, FL 33776 US

Current Mailing Address: New Mailing Address:

7227 SAVOY CT 7300 PARK STREET

SEMINOLE, FL 33776 US SEMINOLE, FL 33777 US

FEI Number: 59-3061681 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALDWIN, MARY K

7227 SAVOY CT

7300 PARK STREET

SEMINOLE EL 23777

SEMINOLE, FL 33776 US SEMINOLE, FL 33777 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: DEBRA REINHARDT 04/22/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 HODGES, ALAN
 Name:
 REINHARDT, DEBRA

 Address:
 7296 SAVOY CT
 Address:
 7368 SAVOY COURT

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 BRESKE, RICHARD
 Name:
 HUNTER, MELODY

 Address:
 7152 SAVOY CT
 Address:
 7100 SAVOY CT

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

 Name:
 BALDWIN, MARY K
 Name:
 STRAUSS, MICHAEL

 Address:
 7227 SAVOY CT
 Address:
 7367 SAVOY CT

 City-St-Zip:
 SEMINOLE, FL 33776
 City-St-Zip:
 SEMINOLE, FL 33776

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: DEBRA REINHARDT PRES 04/22/2008