


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90005 043 ****61.25

| | |
|--|---|
| DOCUMENT # N45385 |  |
| 1. Entity Name | |
| SAVANNAH OAKS HOMEOWNERS ASSOCIATION, INC. | |

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| C/O NANCY CURTIS 3410 BUCKINGHAMMOCK TRL. VERO BEACH FL 32960 US | C/O NANCY CURTIS 3410 BUCKINGHAMMOCK TRL. VERO BEACH FL 32960 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

400000



1st MOORE CR2E037 (10/05)

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0325627 | Not Applicable |

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| HYER, DONALD R 3400 BUCKINGHAMMOCK TRAIL VERO BEACH FL 32960 | 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 reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HYER, DON | NAME | |
| STREET ADDRESS | 3400 BUCKINGHAMMOCK TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURTIS, BILL | NAME | |
| STREET ADDRESS | 3410 BUCKINGHAMMOCK TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CURTIS, NANCY | NAME | |
| STREET ADDRESS | 3410 BUCKINGHAMMOCK TRL | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHLITT, J. THOMAS | NAME | D SCHLITT, JOSEPH |
| STREET ADDRESS | 1850 COBIA DRIVE | STREET ADDRESS | 947 20th Place |
| CITY-ST-ZIP | VERO BEACH FL 32960 | CITY-ST-ZIP | VERO BEACH, FL. 32960 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHLITT, MARY | NAME | |
| STREET ADDRESS | 3420 BUCKINGHAMMOCK TR | STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy Curtis* - NANCY CURTIS 2-2806 772-978-0956