

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003710 (1)

1. Corporation Name

SAVANNAH OAKS/APOPKA HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

763 GRANVILLE DR.
WINTER PARK FL 32789
US

Mailing Address

763 GRANVILLE DR.
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified
06/09/1993

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **2110 Savannah oaks LN**
Suite, Apt. #, etc.

26 **2110 Savannah oaks LN**
Suite, Apt. #, etc.

4. FEI Number
59-3186967

Applied For
Not Applicable

22

27

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

23 City & State
Apopka, FL

28 City & State
Apopka, FL

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

24 Zip Country
32703 USA

29 Zip Country
32703 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLOWAY, DWIGHT D
963 GRANVILLE DR.
WINTER PARK FL 32789

81 Name **James Borr**
82 Street Address (P.O. Box Number is Not Acceptable)
2110 Savannah oaks LN
83
84 City **Apopka** FL 85 Zip Code **32703**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

James Borr, President

5/15/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	REED, ROBERT H	
STREET ADDRESS	390 NORTH ORANGE AVENUE STE. 1640	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, DWIGHT D	
STREET ADDRESS	390 NORTH ORANGE AVENUE STE. 1640	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, CYNTHIA A	
STREET ADDRESS	390 NORTH ORANGE AVENUE STE. 1640	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Borr
1.3 STREET ADDRESS	2110 Savannah oaks LN
1.4 CITY-ST-ZIP	Apopka, FL 32703
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean Rose
2.3 STREET ADDRESS	2190 Savannah oaks LN
2.4 CITY-ST-ZIP	Apopka, FL 32703
3.1 TITLE	Sec. Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Abraham
3.3 STREET ADDRESS	2120 Savannah oaks LN
3.4 CITY-ST-ZIP	Apopka, FL 32703
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Borr

5/18/96
Date

(407)884-6168
Telephone Number

CR2E037 (12/95)