


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90007 020 \*\*\*\*61.25

<b>DOCUMENT # N94000000272</b> 1. Entity Name <b>SAVONA HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>1902 SE 40TH ST. CAPE CORAL, FL 33904 US</b>			Mailing Address <b>1902 SE 40TH ST. CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>RAMAGE, JUDY L 1902 SE 40TH ST. CAPE CORAL, FL 33904</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP YOUNG, DAVID</b> <input checked="" type="checkbox"/> Delete <b>1902 SAVONA PKWY CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FRED WAGNER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1804 SE 36TH TERR CAPE CORAL, FL 33904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR MORRISON, LYNN</b> <input checked="" type="checkbox"/> Delete <b>3714 SE 21ST AVE CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR MAYRE VEITE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3910 SE 20TH AVE CAPE CORAL, FL 33904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PROSSER, JOAN</b> <input type="checkbox"/> Delete <b>2113 SE 36TH TERRACE CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

*Judy Ramage* 2/24/08

239-910-3443