2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001032

FILED Feb 24, 2009 Secretary of State

Entity Name: SAVANNAH SQUARE HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 21 OLD KINGS ROAD NORTH 40 LIBERTY CIRCLE SUITE B-209 PALM COAST, FL 32163 US PALM COAST, FL 32137 **New Mailing Address: Current Mailing Address:** PO BOX 354783 PALM COAST, FL 32135 US FEI Number: 59-3290072 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: BELLAPIANTA, MARC FLAGLER PALM COAST PROPERTY MANAGEMENT, IN 17 OLD KINGS ROAD NORTH 50 LEANNI WAY SUITE B SUITE B6 PALM COAST, FL 32137 US PALM COAST, FL 32137 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: MARC BELLAPIANTA, PRES. 02/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PETTY, JOHN Name: Name: 40 LAFAYETTE LANE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: PD () Delete Title: () Change () Addition COLGAN, PETER Name: Name: Address: 37 LAFAYETTE LANE Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: VD () Delete Title: () Change () Addition MARTIN, ROSEMARIE Name: Name: Address: 38 LAFAYETTE LN Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: FERRELLI, MARY Name: Address: 44 LAFAYETTE LANE Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: () Delete Title: (X) Change () Addition REID, MARION MAC KENZIE, WENDELL C Name: Name: 7 LIBERTY CIRCLE 30 CHATHAM CIRCLE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32164

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: PETER COLGAN P/D 02/24/2009