

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

2000 DBL

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NR400005138**

1. Corporation Name
THE SAVANNAH HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address 1112 WASHINGTON AVE		3. Mailing Office Address P.O. BOX 1747	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State SANFORD, FL	
Zip 32789	Country USA	Zip 32772-1747	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/17/1994	
5. FEI Number 59-3475545	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name ANGELIA GORDON PROPERTY MANAGEMENT, INC.
Street Address (P.O. Box Number is Not Acceptable) 206 ELM AVENUE
Suite, Apt. #, Etc.
City SANFORD

000003492640-2
-12/11/00--01005--011
****61.25 ****61.25
State Zip Code
FL 32771

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **Angela Gordon** Date **11/16/2000**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	EDWARD KLEIMAN J	1112 WASHINGTON AVE	WINTER PARK, FL 32789
D	SUSAN H. KLEIMAN	1112 WASHINGTON AVE	WINTER PARK, FL 32789
DV	KEITH D. RAY	1112 WASHINGTON AVE	WINTER PARK, FL 32789

LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **ED KLEIMAN** Date **11/16/00** Daytime Phone # **407/741/8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)



2062
N94-
5138

November 16, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Savannas Homeowners Association, Inc.

We would appreciate your waiving the cost to reinstate the Savannas Homeowners Association, Inc. We found out that the form was going to an attorney who was the registered agent and was not being forwarded to us. We called your office immediately and asked for the form to correct this matter. We then received a Change of Registered Agent form when we in fact needed the form to pay the cost for the year. We sent a check for \$31.25 upon receipt, but what we thought we were doing was paying for the annual report fee.

Thank You,

Angelia Gordon, Agent for Savannas
Angelia Gordon Property Management, Inc.