2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90027 003 ****61.25

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659248

1. Entity Name

The Savannas Homeowners Association, Inc.

Principal Place of Business	Mailing Address
1112 Washington Ave. Winter Park, FL 32789	1112 Washington Ave. Winter Park, FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10 E. Monument Avenue Suite, Apt. #, etc.
City & State	City & State: Kissimmee, FL
Zip / Country	Zip: 34741 / Country

4. FEI Number: 59-3475545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Tatich, Philip 341 N Maitland Ave, Suite 340 Maitland FL 32751	Name: Hometown Management Professionals, Inc. Street Address (P.O. Box Number is Not Acceptable): 10 East Monument Avenue City: Kissimmee FL Zip Code: 34741

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.

SIGNATURE: E J Q 1 DATE: 2/07/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Kleiman, Edward J 1112 Washington Ave. Winter Park, FL 32789	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Kristen E. Lomonaco 15861 Pine Lilly Ct. Clermont FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kleiman, Susan A 1112 Washington Ave Winter Park FL 32789	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Pete Hammarquist 15752 Green Cove Blvd. Clermont, FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Ray, Keith D 1112 Washington Ave. Winter Park, FL 32789	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT John M. Jones 3654 Cinnamon Fern Loop Clermont FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Charlie Horrocks 16108 Green Cove Blvd. Clermont FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Natalie Martin 15713 Green Point Ct. Clermont FL 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kristen E. Lomonaco 2/07/01 352-394-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number