

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005138

1. Entity Name

THE SAVANNAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10 E. MANAGEMENT AVENUE  
KISSIMMEE FL 34741

Mailing Address

10 E. MANAGEMENT AVENUE  
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

LELAND MANAGEMENT, INC.  
1633 E VINE ST - STE 110  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME LOMONACO, KRISTEN E  
STREET ADDRESS 15881 PINE LILY COURT  
CITY-ST-ZIP CLERMONT FL 34711

TITLE DV ☒ Delete  
NAME HAMMARQUIST, PETE  
STREET ADDRESS 15752 GREEN COVE BLVD  
CITY-ST-ZIP CLERMONT FL 34711

TITLE DT ☐ Delete  
NAME JONES, JOHN M  
STREET ADDRESS 3654 CINNAMON FERN LOOP  
CITY-ST-ZIP CLERMONT FL 34711

TITLE DS ☐ Delete  
NAME HARROCKS, CHARLIE  
STREET ADDRESS 16108 GREEN COVE BLVD  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☒ Delete  
NAME MARTIN, NATALIE  
STREET ADDRESS 15713 GREEN POINT COURT  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☐ Delete  
NAME AMERENA, ROBT  
STREET ADDRESS 15956 GREEN COVE BLVD.  
CITY-ST-ZIP CLERMONT, FL, 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME MATOS, DANIEL  
STREET ADDRESS 15834 PINE LILY CT  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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.

SIGNATURE:

JOHN M. JONES

MARCH 19, 2002

352-242-0591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0097690

FILED

Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90110 004 \*\*\*\*61.25

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