

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005138

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE SAVANNAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3475545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMMARQUIST, PETER
Address: 15752 GREEN COVE BLVD
City-St-Zip: CLERMONT, FL 34714

Title: VP () Delete
Name: SUNDERLAGE, TREVOR
Address: 15849 GREEN COVE BLVD
City-St-Zip: CLERMONT, FL 34714

Title: T () Delete
Name: HANRAHAN, SUSAN M
Address: 16037 GREEN COVE BLVD
City-St-Zip: CLERMONT, FL 34714

Title: S () Delete
Name: JONES, MIKE
Address: 3607 CINNAMON FERN LOOP
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: D'ALESSANDRO, ARNOLD M
Address: 3618 CINNAMON FERN LOOP
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, MIKE
Address: 3654 CINNAMON FERN LOOP
City-St-Zip: CLERMONT, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REILLY, NANCY
Address: 16132 GREEN COVE BLVD
City-St-Zip: CLERMONT, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE JONES

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date