

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90069 015 \*\*\*\*61.25

**DOCUMENT # N95000002697**

**1. Entity Name**  
**SAVANNAH AT TURTLE ROCK ASSOCIATION, INC.**



**Principal Place of Business**  
**8500 TURTLE ROCK BLVD.**  
**SARASOTA, FL 34238 US**

**Mailing Address**  
**8500 TURTLE ROCK BLVD.**  
**SARASOTA, FL 34238 US**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06042007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
**65-0589086**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AVATAR PROPERTY MANAGEMENT GROUP, INC.**  
**8500 TURTLE ROCK BLVD.**  
**SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name **Eguinox Ventures, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**8500 Turtle Rock Blvd.**

City **Sarasota** **FL** Zip Code **34238**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Connie L. Sauter*

*Connie L. Sauter*

*June 4, 2007*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **DEVECCHIO, R. LINDLEY**  
STREET ADDRESS **8328 CANARY PALM CT**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **VD** ☐ Delete  
NAME **HERRICK, JIM**  
STREET ADDRESS **8368 CANARY PALM CT.**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **SD** ☐ Delete  
NAME **THOMAS, DEEVER**  
STREET ADDRESS **8372 CANARY PALM CT.**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **T** ☒ Delete  
NAME **MINGST, RONALD**  
STREET ADDRESS **8324 CANARY PALM CT.**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☒ Delete  
NAME **TERHUNE, BURKE**  
STREET ADDRESS **5086 HANGING MOSS LANE**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **PD Guthrie, Robert**  
STREET ADDRESS **5025 Hanging Moss Ln.**  
CITY-ST-ZIP **Sarasota, FL 34238**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Connie L. Sauter*

*Connie L. Sauter*

*6/14/07 (941)921-3865*

**ATTACHMENT**  
**Division of Corporations**

**Annual Report**

40120029

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<b>Document Number</b>	N95000002697
<b>Business Entity Name</b>	SAVANNAH AT TURTLE ROCK ASSOCIATION, INC.
<b>FEI Number</b>	650589086
<b>FEI Number Status</b>	
<b>Certificate of Status Desired</b>	No
<b>Election Campaign Financing Trust Fund Contribution</b>	No

**Principal Place of Business**

<b>Address</b>	8500 TURTLE ROCK BLVD.
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	SARASOTA, FL
<b>Zip Code &amp; Country</b>	34238 US

**Mailing Address**

<b>Address</b>	8500 TURTLE ROCK BLVD.
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	SARASOTA, FL
<b>Zip Code &amp; Country</b>	34238 US

**Name and Address of Registered Agent**

<b>RA Business Name</b>	EQUINOX VENTURES, INC.
<b>Address</b>	8500 TURTLE ROCK BLVD.
<b>Suite, Apt. #, etc.</b>	
<b>City, State</b>	SARASOTA, FL
<b>Zip Code &amp; Country</b>	34238 US
<b>Registered Agent Signature</b>	CONNIE L. SALUTER-

**Officer/Director Name and Address**

<b>Title</b>	PD
<b>Name (Last, First, Middle, Title)</b>	DEVECCHIO, R. LINDLEY
<b>Street Address</b>	8328 CANARY PALM CT
<b>City, State</b>	SARASOTA, FL
<b>Zip Code &amp; Country</b>	34238

<b>Title</b>	VD
<b>Name (Last, First, Middle, Title)</b>	HERRICK, JIM
<b>Street Address</b>	8328 CANARY PALM CT

City, State  
Zip Code & Country

SARASOTA, FL  
34238

Title  
Name (Last, First, Middle, Title)  
Street Address  
City, State  
Zip Code & Country

D  
THOMAS, DEEVER  
8372 CANARY PALM CT.  
SARASOTA, FL  
34238

ATTACHMENT

40120029

#DV95000002697

Title  
Name (Last, First, Middle, Title)  
Street Address  
City, State  
Zip Code & Country

SD  
GUTHRIE, ROBERT  
5025 HANGING MOSS LANE  
SARASOTA, FL  
34238

Title  
Officer/Director Signature

PM  
CONNIE SALUTER, AGENT FOR SAVANNAH AT TURT

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