


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90069 044 ****61.25

DOCUMENT # N96000001854 1. Entity Name SAVANNAH POINTE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1871 LEXINGTON PLACE TARPON SPRINGS FL 34688				Mailing Address 1871 LEXINGTON PLACE TARPON SPRINGS FL 34688	
2. Principal Place of Business - No P.O. Box # 1890 LEXINGTON PL Suite, Apt. #, etc.		3. Mailing Address 1890 LEXINGTON PL Suite, Apt. #, etc.			
City & State TARPON SPRINGS		City & State TARPON SPRINGS		4. FEI Number 59-3432877	
Zip 34688		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, BILL 1871 LEXINGTON PL TARPON SPRINGS FL 34688				7. Name and Address of New Registered Agent Name RITA VILLARREAL Street Address (P.O. Box Number is Not Acceptable) 1890 LEXINGTON PLACE City TARPON SPRINGS FL Zip Code 34688	
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 <i>Rita Villarreal</i> RITA VILLARREAL Treasurer 04-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, BILL 1871 LEXINGTON PL TARPON SPRINGS FL 34688	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHARON A. OWENS 1819 LEXINGTON PL. TARPON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENNETT, JOHN 1907 LEXINGTON PL TARPON SPRINGS FL 34688	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John F. Bennett 1855 Lexington Place Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLARREAL, RITA 1890 LEXINGTON PLACE TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Renee Walker 80 Charleston Ct. Tarpon Springs, FL 34688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, DORY 1846 LEXINGTON L TARPON SPRINGS FL 34688	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Rita Villarreal* **RITA VILLARREAL** **04-10-07** **727-937-6594**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #