

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001854

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** SAVANNAH POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1890 LEXINGTON PLACE  
??  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

1871 LEXINGTON PLACE  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

1890 LEXINGTON PLACE  
??  
TARPON SPRINGS, FL 34688

**FEI Number:** 59-3432877

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILLARREAL, RITA  
1890 LEXINGTON PLACE  
TARPON SPRINGS, FL 34688 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: OWENS, SHARON A  
Address: 1819 LEXINGTON PL  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V ( ) Delete  
Name: BENNETT, JOHN  
Address: 1855 LEXINGTON PLACE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD ( ) Delete  
Name: VILLARREAL, RITA  
Address: 1890 LEXINGTON PLACE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S ( ) Delete  
Name: WALKER, RENEE  
Address: 80 CHARLESTON CT  
City-St-Zip: TARPON SPRINGS, FL 34688

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: BEGANI, JOHN  
Address: 1855 LEXINGTON PLACE  
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: S (X) Change ( ) Addition  
Name: JAMES, KOBEL  
Address: 80 CHARLESTON CT  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify 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: RITA VILLARREAL

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date