2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N96000001854

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:

1890 LEXINGTON PLACE
??
TARPON SPRINGS, FL 34688

New Mailing Address:

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: BEGANI, 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: JAMES, KOBEL
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

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 01/17/2009

Electronic Signature of Signing Officer or Director — Date