
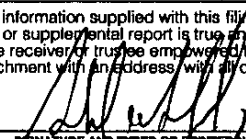


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005071		
1. Entity Name SAVANNAH INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 1601 NE BRAILLE PL. JENSEN BEACH, FL 34957	Mailing Address 1601 NE BRAILLE PL. JENSEN BEACH, FL 34957	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHENK, ROBERT A 1601 N.E. BRAILLE PLACE JENSEN BEACH, FL 34957		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing 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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, DON 1400 N.E. SAVANNAH ROAD JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHENK, ROBERT A 1601 N.E. BRAILLE PLACE JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSON, DAVID A 759 S. FED HWY, SUITE 217 STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  SECRETARY 1/15/07 772-225-3687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0758502	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000596206
01/23/07-80070-003 70.00

**DO NOT WRITE
IN THIS SPACE**