2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 06, 2009
Secretary of State

DOCUMENT# N99000004438

Entity Name: SAVANNAH APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5611 W 25 CT
#3
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

5611 W 25 CT
#3
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0663682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDOVA, ANDRES P
5611 W. 25 CT.
#3
HIALEAH, FL 33016 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:	CORDOVA, ANDRES P	
Address:	5611 W 25 CT #3	
City-St-Zip:	HIALEAH, FL 33016	
Title:	SD	( ) Delete
Name:	SANTANA, SARA SD	
Address:	5631 W 25 CT #4	
City-St-Zip:	HIALEAH, FL 33016	
Title:	TD	( ) Delete
Name:	LORENZO, ENESTO TD	
Address:	5611 W 25 CT #16	
City-St-Zip:	HIALEAH, FL 33016	
Title:	D	( ) Delete
Name:	VALDIVIA, LUIS D	
Address:	5631 W 25 CT #1	
City-St-Zip:	HIALEAH, FL 33016	
Title:	VP	( ) Delete
Name:	MATOS, GALO N VP	
Address:	5661 W 25 CT. APT# 2	
City-St-Zip:	HIALEAH, FL 33016	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	VP	(X) Change ( ) Addition
Name:	VILORIA, ANUSKA VP	
Address:	5631 W 25 CT # 10	
City-St-Zip:	HIALEAH, FL 33016	
Title:	D	( ) Change (X) Addition
Name:	CASAS, ISABEL D	
Address:	5631 W 25 CT # 2	
City-St-Zip:	HIALEAH, FL 33016 US	

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: ANDRES CORDOVA P 12/06/2009

Electronic Signature of Signing Officer or Director — Date