2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

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Entity Name: SAVANNA CLUB CONCERNED RESIDENTS COALITION, INC.

Current Principal Place of Business:

3492 CRABAPPLE DR.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

3492 CRABAPPLE DR.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0033191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMIESON, HARRIS W
8468 GALLBERRY CIRCLE
PORT SAINT LUCIE, FL 34952 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:	PD	( ) Delete
Name:	JAMIESON, HARRIS	
Address:	8468 GALLBERRY CIR.	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	VD	( ) Delete
Name:	LA BALBO, JERRY	
Address:	8390 DELPHINIUM COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	AT L	( ) Delete
Name:	FOSTER, BILL	
Address:	2973 EAGLE'S NEST WAY	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	T	( ) Delete
Name:	JEFFREY, JOEL	
Address:	8502 VIBURNUM CT	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	PROG	( ) Delete
Name:	LA BALBO, PATRICIA	
Address:	8390 DELPHINIUM COURT	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:	S	( ) Delete
Name:	AVERY, BARBARA	
Address:	3112 8TH HOLE DRIVE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	JEFFREY, JOEL	
Address:	8502 VIBURNUM CT.	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	BRAINEN, MICHELLE F	
Address:	7981 HORNED LARK CIRCLE	
City-St-Zip:	PORT SAINT LUCIE, FL 34952	
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 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: BARBARA AVERY S 01/07/2007

Electronic Signature of Signing Officer or Director — Date