

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021568

Entity Name: SAV EDGEWATER, INC.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 900  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTH FLAGLER DRIVE  
SUITE 900  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 81-0598504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORTER, SCOTT L  
505 SOUTH FLAGLER DRIVE  
SUITE 900  
WEST PALM BEACH, FL 33401 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: PSTD  
Name: PORTER, SCOTT L  
Address: 505 SOUTH FLAGLER DRIVE #900  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD  
Name: PORTER, VICKY S  
Address: 505 SOUTH FLAGLER DRIVE #900  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT L PORTER

PSTD

04/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date