2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P94000050592 1. Entity Name 04-23-2002 90483 001 ***300.00 SAVANNAH AT TURTLE ROCK HOLDINGS, INC. Principal Place of Business Mailing Address 5046 HANGING MOSS LANE 5046 HANGING MOSS LANE SARASOTA FL 34238 SARASOTA FL 34238 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0506843 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRODE, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 720 S. ORÄNGE AVENUE SARASOTA FL 34236 4 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **X** Delete TITLE TITLE Change Addition NAME DONOVSN, JOHN NAME STREET ADDRESS 5046 HANGING MOSS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TITLE VPD X Delete TITLE Change ■ Addition NAME aretini. Deirdre NAME STREET ADDRESS 5046 HANGING MOSS LANE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP ☐ Delete PSTD Change Addition STD NAME WATERS, DIANE Diane Waters 5322 DUNCANWOOD DRIVE STREET ADDRESS STREET ADDRESS 5322 Duncanwood Drive CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34232 Sarasota, Florida 34232 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all effect responsed.

signature and typed or printed name of signing officer of Diane Waters

SIGNATURE:

Daytime Phone #

FILED