

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90053 030 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000022462

1. Corporation Name

COMMUNITY SAVANNA CLUB CORPORATION



Principal Place of Business 2637 MCCORMICK DRIVE SUITE B CLEARWATER FL 34619	Mailing Address 2637 MCCORMICK DRIVE SUITE B CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 Pond's Edge Drive Suite, Apt. #, etc. 22 City & State 23 Chadds Ford, PA Zip 24 19317 Country 25 USA		2a. Mailing Address 26 P.O. Box 999 Suite, Apt. #, etc. 27 City & State 28 Chadds Ford, PA 19317 Zip 29 19317 Country 30 USA		3. Date Incorporated or Qualified 03/10/1998	
4. FEI Number 58-2426746		Applied For Not Applicable		5. Certificate of Status Desired X \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		7. \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GAYNOR, JOSEPH W ESQ.
2637 MCCORMICK DRIVE
SUITE B
CLEARWATER FL ~~34619~~ 33759

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Joseph W. Gaynor
STREET ADDRESS		1.3 STREET ADDRESS	2637 McCormick Drive, Ste B
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Phillip C. Giovinco
STREET ADDRESS		2.3 STREET ADDRESS	2 Pond's Edge Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chadds Ford, PA 19317
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Scott W. Schewe
STREET ADDRESS		3.3 STREET ADDRESS	3340 Peachtree Road, NE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Janet L. Johnson
STREET ADDRESS		4.3 STREET ADDRESS	2 Pond's Edge Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chadds Ford, PA 19317
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Phillip C. Giovinco APR 15 1999 (610) 388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)