2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010914

Entity Name: SAVANNAH ESTATES PROPERTY OWNERS' ASSOCIATION,

INC.

FILED Apr 10, 2017 Secretary of State CC2380265832

Current Principal Place of Business:

C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983

Current Mailing Address:

C/O SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983 US

FEI Number: 71-0999085 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MGMT 459 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983 US

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: CHRISTOPHER WADSWORTH 04/10/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title VP

Name ROBB, JOHN Name SEKHARAN, PREETHI

Address C/O SIGNATURE PROPERTY MGMT Address C/O SIGNATURE PROPERTY MGMT

459 NW PRIMA VISTA BLVD 459 NW PRIMA VISTA BLVD

City-State-Zip: PORT ST LUCIE FL 34983 City-State-Zip: PORT ST LUCIE FL 34983

Title T Title S

Name RIECK, SHARON Name GERTZ, BRIDGET

Address C/O SIGNATURE PROPERTY MGMT Address C/O SIGNATURE PROPERTY MGMT

459 NW PRIMA VISTA BLVD 459 NW PRIMA VISTA BLVD

City-State-Zip: PORT ST LUCIE FL 34983 City-State-Zip: PORT ST LUCIE FL 34983

Title D

Name ATKINSON, DAVE

Address C/O SIGNATURE PROPERTY MGMT

459 NW PRIMA VISTA BLVD

City-State-Zip: PORT ST LUCIE FL 34983

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

SIGNATURE: JOHN ROBB PRESIDENT 04/10/2017