


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 047 ****61.25

DOCUMENT # N05000010874

1. Entity Name
SAANVI HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 4120 SW 15TH PLACE
 GAINESVILLE, FL 32607

Mailing Address
 4120 SW 15TH PLACE
 GAINESVILLE, FL 32607



2. Principal Place of Business
 4623 NW 53 Avenue
 Gainesville, FL 32606

3. Mailing Address
 4623 NW 53 Avenue
 Gainesville, FL 32606

04132006 Chg-NP CR2E037 (11/05)

Zip Country Zip Country

4. FEI Number
11-3762563

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LALWANI, LALIT
6551 NW 37TH TERRACE
GAINESVILLE, FL 32653

7. Name and Address of New Registered Agent
 Name
Nautilus Association Mgt., LLC
4623 NW 53 Avenue
Gainesville, FL 32606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. Karabo
 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	LALWANI, LALIT	
STREET ADDRESS	6551 NW 37TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LALWANI, HEENA	
STREET ADDRESS	6551 NW 37TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CARL L	
STREET ADDRESS	4421 NW 39TH AVE BLDG 1 STE 2	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Karabo **5/3/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #