

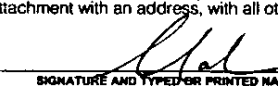


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90198 005 ****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 - No P.O. Box # 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, FL		3. Mailing Address 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, FL	
Zip 32601		Country Alachua	
4. FEI Number 11-3762563		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAUTILUS ASSOCIATION MGT., LLC 4623 NW 53RD AVE GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name Sally Ann Wilson, c/o Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue Suite A-6 City Gainesville	
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 (Type or Printed Name of Registered Agent and Title if Applicable)  (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		DATE 4-25-07	
10. OFFICERS AND DIRECTORS			
TITLE	DPST LALWANI, LALIT	<input type="checkbox"/> Delete	
NAME	6551 NW 37TH TERRACE		
STREET ADDRESS	GAINESVILLE, FL 32653		
CITY-ST-ZIP			
TITLE	DV LALWANI, HEENA	<input checked="" type="checkbox"/> Delete	
NAME	6551 NW 37TH TERRACE		
STREET ADDRESS	GAINESVILLE, FL 32653		
CITY-ST-ZIP			
TITLE	D JOHNSON, CARL L	<input checked="" type="checkbox"/> Delete	
NAME	4421 NW 39TH AVE BLDG 1 STE 2		
STREET ADDRESS	GAINESVILLE, FL 32606		
CITY-ST-ZIP			
TITLE	D/VP Reynolds, Wade	<input type="checkbox"/> Delete	
NAME	4126 SW 15th Place		
STREET ADDRESS	Gainesville, FL 32607		
CITY-ST-ZIP			
TITLE	D/P Taylor, Mike	<input type="checkbox"/> Delete	
NAME	602 Kellstadt Street		
STREET ADDRESS	Port Charlotte, FL 33952		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D/S/T	<input checked="" 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: 		Date: 4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	