

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90023 009 \*\*\*\*61.25

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04252008 Chg-NP CR2E037 (12/06)

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|--|--|--|--|--|--|
| <b>DOCUMENT # N05000010874</b>   |  |  |  |  |  |
| 1. Entity Name<br>SAANVI HOMEOWNERS ASSOCIATION, INC.  |  |  |  |  |  |
| Principal Place of Business<br>901 NW 8TH AVE<br>SUITE A-6<br>GAINESVILLE, FL 32601  |  |  | Mailing Address<br>901 NW 8TH AVE<br>SUITE A-6<br>GAINESVILLE, FL 32601          |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |  |  |
| City & State   |  |  | City & State   |  |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br>11-3762563  |  |
|  |  |  |  | Applied For<br><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  |  |  | 7. Name and Address of New Registered Agent                                      |  |  |
| C/O SUN LU PROPERTIES, INC.<br>901 NW 8TH AVE<br>SUITE A-6<br>GAINESVILLE, FL 32601  |  |  | Name   |  |  |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable)                               |  |  |
|  |  |  | City   |  |  |
|  |  |  | FL 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |  |  |
| SIGNATURE:   |  |  | DATE: 4-20-08  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  |  | 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                                |  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>LALWANI, LALIT President<br>6551 NW 37TH TERRACE<br>GAINESVILLE, FL 32653 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Mike Taylor, President<br>602 Kellstadt Street<br>Portcharlotte, Fl. 33952               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Wade Reynolds, V.P.<br>4126 SW 15th Place<br>Gainesville, Fl. 32607                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: 4-28-08  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date Daytime Phone #   |  |  |