

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010874

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** SAANVI HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

901 NW 8TH AVE  
SUITE A-6  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 NW 8TH AVE  
SUITE A-6  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 11-3762563      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, SALLY A  
901 NW 8TH AVE  
SUITE A-6  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DVS  
Name: REYNOLDS, WADE  
Address: 305 WILSON AVENUE, #8  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: DPT  
Name: LALWANI, LALIT  
Address: 6551 NW 37TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32653 US

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: LALIT LAWANI

DPT

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date