



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 10/31/2019

Annual Penart: No filing fee if received by the due date

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Annual Report: No filing fee if	received by the due date.	Phone: (208) 334-2300	94/
SOS Control Number: 429437	Filing Status: Active-Good	· ·	201
Non-Profit Corporation (D)	Date Formed: 10/01/2001	Formation Locale: ID	<u> </u>
Name and Mailing Address: SAVANNAH RIDGE PUD PROPERTY C	WNERS' ASSOCIATION, INC.	(1) Add or Change Mailing Address:	3:4
PO BOX 4444 610 LENORA ST #9	·	P.O. Bay 1310	$\overline{\omega}$
MCCALL, ID 83638		P.O. Box 1310 Donnelly, ID 834	NA PARTIES
Registered Agent (RA) and Registered	Office (RO) Address:	(2) Change RA and/or RO Address:	Ū Ū
HUGH MCNAIR		Cunthia Mcmin	<b>₽</b> .
610 LENORA ST #9 MCCALL, ID 83638		(a) (2 (1) (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	5
MCCALL, ID 63036		Cynthia Mempir 610 Lenova St # 9 McCall, JD 8343	γ γ¢γ pə∧ī
Note: The Regist	ered Office address must be a physic	The state of the s	, K
(3) New Registered Agent (RA) Signatu		nenair	8
(4) Corporations: Enter names and business addr	<del></del>	n (2) above, the new agent must sign here to accept the appoir	ите <u>ль</u> Ф
Title Name		· · · · · · · · · · · · · · · · · · ·	<u> </u>
0. +	Business Address  1500 Horning	City, State, Zip	760
UP Josh Gerau	1 2890 N. 26Th S		702
Sectro Cynthia Mc	Dai 3415N Marin	enWay Roise, JD 83	786
(5) Board of Directors names and business addres	sses (with zip code). Attach additional st	neet if necessary.	<del>-0</del> -
Name	Business Address	City, State, Zip	Ø
James Keller.	1500 Warinson Pel	ud Baise, S.D 837	0
Josh Covard	2890 N 2612 ST	Brise JD 83	100
Cysthen IVI au	84,5 N Mariner	May Polar, MD 83	2 <b>ο</b> (ρ
C		1	<u> </u>
			<u> 2</u>
			<del>7</del>
(5) Signature: Mchai MC	Mai	(6) Date: /0 _ 4 ~ / 9	aon
(7) Type/Print Name: (2)	menin	(8) Title: Sect Maries	D
Instructions: Legibly complete the form above.	Sign and date this form and return to the	address provided above.	nn