

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002349 (9)

1. Corporation Name

CREEKWOOD SAVANNAH CORP.



Principal Place of Business

Mailing Address

4949 WESTGROVE DR.  
100  
DALLAS TX 75248  
US

4949 WESTGROVE DR.  
100  
DALLAS TX 75248  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

04/12/1995

4. FEI Number

75-2356250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and Not Applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
PCD  
TONTI, ROBERT T  
ONE GALLERIA BLVD., STE. 1800  
METAIRIE LA 70001

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
VSD  
TONTI, MARGARET W  
ONE GALLERIA BLVD., STE. 1800  
METAIRIE LA 70001

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
S  
WILLINGHAM, PATRICIA A  
ONE GALLERIA BLVD., STE. 1800  
METAIRIE LA 70001

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
T  
LANGE, NEIL  
ONE GALLERIA BLVD., STE. 1800  
METAIRIE LA 70001

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
D  
REED, DENNIS  
ONE GALLERIA BLVD., STE. 1800  
METAIRIE LA 70001

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP  
Robert T. Tonti  
2723 North Hullen Street  
Metairie, LA 70002

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP  
TONTI, MARGARET W  
2723 North Hullen Street  
Metairie LA 70002

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
Carole Mize  
4949 Westgrove Dr. #100  
Dallas, TX. 75248

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
4949 Westgrove Dr. #100  
Dallas, TX. 75248

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Neil Lange - Neil Lange - Treasurer

1/16/96

(214) 447-9035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)