

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M65463

(5)

1. Corporation Name

SAVANNA CLUB CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:51

Principal Place of Business

**6630 SOUTH U.S. 1
PORT ST. LUCIE FL 34952**

Mailing Address

**888 SEVENTH AVENUE
SUITE 3400
NEW YORK NY 10106-0199
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/22/1988

3a. Date of Last Report
06/28/1994

4. FEI Number
65-0025533

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 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 as printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

GROSSI, NICHOLAS P.

STREET ADDRESS

8630 SOUTH US 1

CITY-ST-ZIP

PORT ST. LUCIE FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

DV

NAME

MOLLOD, MICHAEL A.

STREET ADDRESS

888 SEVENTH AVENUE, SUITE 3400

CITY-ST-ZIP

NEW YORK NY

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

S

NAME

KOHL, RHONDA

STREET ADDRESS

8630 SOUTH US 1

CITY-ST-ZIP

PORT ST. LUCIE FL

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S/T

Pamela J. Badger

8630 South US 1

Port St. Lucie, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Paul F. Wallace

888 Seventh Ave., Suite 3400

New York, NY 10106-0199

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE:

Nicholas P. Grossi
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/25/95

407-879-3083

Date

Telephone Number