

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M65463** (5)

1. Corporation Name

**SAVANNA CLUB CORPORATION**



Principal Place of Business

**8630 SOUTH U.S. 1  
PORT ST. LUCIE FL 34952**

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**01/22/1988**

3a. Date of Last Report

**02/06/1995**

4. FEI Number

**65-0025533**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

10. Name and Address of New Registered Agent

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 or printed name of registered agent and state representative)

(Typed, Registered Agent signature and state representative)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **GROSSI, NICHOLAS P.**  
STREET ADDRESS **8630 SOUTH US 1**  
CITY - ST - ZIP **PORT ST. LUCIE FL**

TITLE **DV** ☐ DELETE  
NAME **MOLLOD, MICHAEL A.**  
STREET ADDRESS **888 SEVETH AVENUE, SUITE 3400**  
CITY - ST - ZIP **NEW YORK NY**

TITLE **ST** ☐ DELETE  
NAME **BADGER, PAMELA J.**  
STREET ADDRESS **8630 SOUTH US 1**  
CITY - ST - ZIP **PORT ST. LUCIE FL**

TITLE **D** ☒ DELETE  
NAME **WALLACE, PAUL F.**  
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**  
CITY - ST - ZIP **NEW YORK NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE **DP** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE **VST** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE **DAS** ☐ Change ☒ Addition  
5.2 NAME **Judith Bory**  
5.3 STREET ADDRESS **888 Seventh Ave., Suite 3400**  
5.4 CITY - ST - ZIP **New York, NY 10106-0199**

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 on an attachment with an address.

SIGNATURE:

*Judith Bory*

Judith Bory

4/17/96

212-333-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)