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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000003871 (1)
1. Corporation Name
EQR-ORMOND BEACH VISTAS, INC.

Principal Place of Business Mailing Address
2 N. RIVERSIDE PLAZA 2 N. RIVERSIDE PLAZA
CHICAGO IL 60606 CHICAGO IL 60606
c/o Ann M. Schneider c/o Ann M. Schneider

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 08/01/1994
4. FEI Number 36-3909950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	KOSFELD, MARLENE
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VD
NAME	PHIPPS, JAMES M.
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VDT
NAME	GREENBERG, ARTHUR A
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	PD
NAME	LIEBENTRITT, DONALD J
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	S
NAME	SCHNEIDER, ANN M
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 regular or limited empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: _____
Ann M. Schneider Secretary, 3-13-95
MAR 08 1995 312-464-3657