

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

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAR 13 AM 9:14

SECRETARY OF STATE  
TALLHASSEE, FLORIDA

DOCUMENT # **F94 00000 3983**

1. Corporation Name

Snowbirdland Vistas, Inc.

Principal Place of Business

c/o Ann M. Schneider  
2 N. Riverside Plaza  
Chicago, IL 60606

Mailing Address

c/o Ann M. Schneider  
2 N. Riverside Plaza  
Chicago, IL 60606

300001429693  
-03/15/95--01024--007  
\*\*\*225.00 \*\*\*225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

8/1/94

3a. Date of Last Report

4. FEI Number

36-3967305

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

The Prentice-Hall Corporation System, Inc.  
1201 Hays Street, Suite 105  
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 or 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	Director/President
NAME	Sheli Z. Rosenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606
TITLE	Director/VP/Treasurer
NAME	Arthur A. Greenberg
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606
TITLE	Director/Vice President
NAME	James M. Phipps
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606
TITLE	Vice President
NAME	Donald J. Liebenritt
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606
TITLE	Secretary
NAME	Ann M. Schneider
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606
TITLE	Asst. Secretary
NAME	Marlene C. Kosfeld
STREET ADDRESS	2 N. Riverside Plaza
CITY - ST - ZIP	Chicago, IL 60606

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(4)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ann M. Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
Ann M. Schneider, Secretary

3/8/95 312-466-3607

HW 3-13-95