

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003983

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: SNOWBIRDLAND VISTAS, INC.

**Current Principal Place of Business:**

C/O DAVID W. FELL  
TWO NORTH RIVERSIDE PLAZA, STE 800  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DAVID W. FELL  
TWO NORTH RIVERSIDE PLAZA, STE 800  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 36-3967305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVPT ( ) Delete  
Name: OBUCHOWSKI, SUSAN  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: DP ( ) Delete  
Name: GREENBERG, ARTHUR A  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: D ( ) Delete  
Name: ZOELLER, JOHN  
Address: TWO N RIVERSIDE PLAZA, SUITE 600  
City-St-Zip: CHICAGO, IL 60606

Title: AVPS ( ) Delete  
Name: SCHULTZ, GENEVIEVE  
Address: 2 N. RIVERSIDE PLAZA #800  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENEVIEVE SCHULTZ

AVPS

04/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date