

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047176

Entity Name: AVION APARTMENTS, INC.**Current Principal Place of Business:**1801 HERMITAGE BLVD
STE 100
TALLAHASSEE, FL 32308**Current Mailing Address:**191 N WACKER DRIVE
STE 2500
CHICAGO, IL 60606**FEI Number:** 20-0018608**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324 US*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

Officer/Director Detail :

Title D
Name SPOOK, STEPHEN A
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VAS
Name BOLLMAN, TED
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 191 N WACKER DRIVE
STE 2500
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 191 N. WACKER DR., SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title VAS
Name KURNICK, KAREN
Address 191 N. WACKER DR., SUITE 2500
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 191 N WACKER DRIVE
STE 2500
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name HAZEN, MAUREEN
Address 1801 HERMITAGE BLVD
STE 100
City-State-Zip: TALLAHASSEE FL 32308

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I hereby 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 all other like empowered.

SIGNATURE: THOMAS D. MCCARTHY

VP & SECRETARY

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TAYLOR, LAMAR
Address	1801 HERMITAGE BLVD STE 100
City-State-Zip:	TALLAHASSEE FL 32308