

**2015 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****VICE PRESIDENT &  
SECRETARY****04/24/2015**

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