

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000078713

Entity Name: ASTORIA CENTRAL PARK WEST, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD, SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

191 N WACKER DRIVE
SUITE 2500
CHICAGO, IL 60606 US

FEI Number: 46-3713396

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, 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, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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

Title D
Name HAZEN, MAUREEN M
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title VAS
Name BONINO, JOHN
Address 191 N WACKER DRIVE, SUITE 2500
City-State-Zip: CHICAGO IL 60606

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

Title VAT
Name GRAY, LYNNE M
Address 1801 HERMITAGE BLVD, SUITE 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: JOHN BONINO

VICE PRESIDENT

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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