

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000003983

**Entity Name:** SNOWBIRDLAND VISTAS, INC.

**Current Principal Place of Business:**

C/O JO FIGUEROA  
TWO NORTH RIVERSIDE PLAZA, STE 800  
CHICAGO, IL 60606

**Current Mailing Address:**

C/O JO FIGUEROA  
TWO NORTH RIVERSIDE PLAZA, STE 800  
CHICAGO, IL 60606

**FEI Number: 36-3967305**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 DVPT  
Name OBUCHOWSKI, SUSAN  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 800  
City-State-Zip: CHICAGO IL 60606

Title DP  
Name GREENBERG, ARTHUR A  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 800  
City-State-Zip: CHICAGO IL 60606

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

Title AVPS  
Name SCHULTZ, GENEVIEVE  
Address TWO NORTH RIVERSIDE PLAZA,  
SUITE 800  
City-State-Zip: CHICAGO IL 60606

*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: GENEVIEVE SCHULTZ**

**AVPS**

**04/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date