FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -8 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 265060 (4)

1. Corporation Name
ARVIDA REALTY SALES, INC.

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE. CHICAGO IL 60611	900 N. MICHIGAN AVE. CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1962
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0997440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C ☒ Change ☐ Addition
NAME	~~HALL, ROGER E.~~	1.2 NAME	Nickels, Gary
STREET ADDRESS	~~7900 GLADES RD.~~	1.3 STREET ADDRESS	900 N. Michigan Ave.
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ERNEST M. JR.	2.2 NAME	
STREET ADDRESS	7900 GLADES RD.	2.3 STREET ADDRESS	600001426036
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	-03/10/95--01035--016 ****200.00 ****200.00
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, RIGEL	3.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	AVS	4.1 TITLE	☐ Change ☐ Addition
NAME	YATES, KEVIN, B	4.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	VC	5.1 TITLE	☐ Change ☐ Addition
NAME	BLUHM, NEIL G.	5.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, PHILIP J.	6.2 NAME	
STREET ADDRESS	1200 WESTIN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] 2-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KEVIN B. YATES, AVP & SEC 312-915-1936

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