

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 265060

(4)

1. Corporation Name

ARVIDA REALTY SALES, INC.



Principal Place of Business

900 N. MICHIGAN AVE.
CHICAGO IL 60611

Mailing Address

900 N. MICHIGAN AVE.
CHICAGO IL 60611

3. Date Incorporated or Qualified

12/06/1962

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0997440

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required with a new filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME NICKELE, GARY
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL 60611

1.1 TITLE D/V ☒ Change ☐ Addition
1.2 NAME Nickelle, Gary
1.3 STREET ADDRESS 900 N. Michigan Ave.
1.4 CITY-STATE-ZIP Chicago, IL 60611

TITLE P ☒ DELETE
NAME MILLER, ERNEST M. JR.
STREET ADDRESS 7900 GLADES RD.
CITY-STATE-ZIP BOCA RATON FL

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Lassman, Mark
2.3 STREET ADDRESS 7900 Glades Rd.
2.4 CITY-STATE-ZIP Boca Raton, FL 33434

TITLE VP ☐ DELETE
NAME BARBER, RIGEL
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE AVS ☐ DELETE
NAME YATES, KEVIN, B
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE VC ☐ DELETE
NAME BLUHM, NEIL G.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME Bluhm, Neil G.
5.3 STREET ADDRESS 900 N. Michigan Ave.
5.4 CITY-STATE-ZIP Chicago, IL 60611

TITLE V ☒ DELETE
NAME BERGER, PHILIP J.
STREET ADDRESS 1200 WESTIN RD.
CITY-STATE-ZIP FT. LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(b), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B. Yates, Secretary

312-915-1936

Telephone Number

CR2E034 (12/95)