

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90300 002 \*\*\*\*61.25

**DOCUMENT # 755577**

1. Entity Name  
**THE JOHN D. MACARTHUR PARK CONSERVATION  
CORPORATION, INC.**



Principal Place of Business  
**140 SO. DEARBORN STREET  
SUITE 1100  
CHICAGO, IL 60603**

Mailing Address  
**140 SO. DEARBORN STREET  
SUITE 1100  
CHICAGO, IL 60603**

**66013893**



2. Principal Place of Business  
**140 South Dearborn Street**

3. Mailing Address  
**140 South Dearborn Street**

Suite, Apt. #, etc.  
**Suite 1200**

Suite, Apt. #, etc.  
**Suite 1200**

02242005 Chg-NP CR2E037 (10/03)

City & State  
**Chicago, IL**

City & State  
**Chicago, IL**

4. FEI Number  
**36-3127901**

Applied For  
Not Applicable

Zip  
**60603-5285**

Country  
**U.S.A.**

Zip  
**60603-5285**

Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
VANDEUREN, NANCY B  
11174 TURTLE BEACH ROAD 207C  
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
EISSEY, EDWARD  
118 CRUISER ROAD NORTH  
NORTH PALM BEACH, FL 33408** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
WEINSTEIN, RICHARD S  
150 BRADLEY PLACE  
PALM BEACH, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARCUS, KAREN T  
301 NORTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
HARRIS, DAVID L  
550 HERITAGE DR., STE. 160  
JUPITER, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HURLEY, WEBB  
159 THORNTON DR  
PALM BEACH GARDENS, FL 33418** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*David L. Harris*

**David L. Harris**

**April 28, 2005**

**(561) 310-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #