

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 044 ***150.00

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1. Entity Name
2504 CONWAY APARTMENTS CORP.



Principal Place of Business
333 N. MICHIGAN AVE, STE 501
CHICAGO, IL 60601

Mailing Address
333 N. MICHIGAN AVE, STE 501
CHICAGO, IL 60601

20044607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0122505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME CP
FOUFAS, PLATO ☐ Delete
STREET ADDRESS 333 N. MICHIGAN AVE, STE 501
CITY-ST-ZIP CHICAGO, IL 60601

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
LOPEZ, CONNIE ☐ Delete
STREET ADDRESS 333 N. MICHIGAN AVE, STE 501
CITY-ST-ZIP CHICAGO, IL 60601

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME V
LODGE, DEREK ☐ Delete
STREET ADDRESS 333 N MICHIGAN AVE STE 501
CITY-ST-ZIP CHICAGO, IL 60601

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME Charmaine Brower Foulas ☐ Change ☒ Addition
STREET ADDRESS 333 N. Michigan Ave., Suite 501
CITY-ST-ZIP Chicago, IL 60601

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME Kirsten Barrow ☐ Change ☒ Addition
STREET ADDRESS 333 N. Michigan Ave., Suite 501
CITY-ST-ZIP Chicago, IL 60601

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2005