

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Mar 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # F93000001380 (5)**

1. Corporation Name  
**ARVIDA GRAND BAY PROPERTIES, INC.**



Principal Place of Business  
**900 NORTH MICHIGAN AVE.  
CHICAGO IL 60611**

Mailing Address  
**900 NORTH MICHIGAN AVE.  
CHICAGO IL 60611-1542**

3. Date Incorporated or Qualified <b>03/19/1993</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>65-0512939</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P BLUHM, NEIL G</b>
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>
CITY- ST- ZIP	<b>CHICAGO IL 60611</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V LOVELETTE, STEPHEN A</b>
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>
CITY- ST- ZIP	<b>CHICAGO IL 60611</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S YATES, KEVIN B</b>
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>
CITY- ST- ZIP	<b>CHICAGO IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D NICKELE, GARY</b>
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>
CITY- ST- ZIP	<b>CHICAGO IL 60611</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>5 Nielsen, Paul C.</b>
33 STREET ADDRESS	<b>900 N. Michigan Ave</b>
34 CITY- ST- ZIP	<b>Chicago, IL 60611</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 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: *Paul C. Nielsen, Secretary* 2/20/97 312-915-1932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

CR2E034 (9/96)