

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 # F93000003088 (2)

1. Corporation Name

EQR-CASA CORDOBA VISTAS, INC.



Principal Place of Business

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

Mailing Address

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

3. Date Incorporated or Qualified  
07/06/1993

3a. Date of Last Report  
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. F.E.I. Number  
36-3907953

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 the tagal date

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AS ☐ DELETE

NAME KOSFELD, MARLENE  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-STATE-ZIP CHICAGO IL

TITLE VD ☐ DELETE

NAME PHIPPS, JAMES M.  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-STATE-ZIP CHICAGO IL

TITLE VDT ☐ DELETE

NAME GREENBERG, ARTHUR A.  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-STATE-ZIP CHICAGO IL

TITLE PD ☐ DELETE

NAME LIEBENTRITT, DONALD J.  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-STATE-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME SCHNEIDER, ANN M.  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-STATE-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

TV

Greenberg, Arthur A.  
2 N. Riverside Plaza  
Chicago, IL 60606

D

Stanley M. Stevens  
2 N. Riverside Plaza  
Chicago, IL 60606

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

312-466-3607

Date

Daytime Phone #

CR2E034 (12/95)