

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90011 046 ***150.00

DOCUMENT # F94000005683

1. Entity Name
EQR-PORT ROYALE VISTAS, INC.



Principal Place of Business
**C/O BARBARA SHUMAN
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606**

Mailing Address
**C/O BARBARA SHUMAN
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606**

40108053



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

39-3990116

Applied For

Not Applicable

Zip

Country

Zip

Country

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 RD
FORT LAUDERDALE, 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GORDON, STEPHEN M
STREET ADDRESS 2 N. RIVERSIDE PLAZA, STE 400
CITY-ST-ZIP CHICAGO, IL 60606

TITLE V ☐ Delete
NAME NESTI, PATRICIA
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO, IL

TITLE T ☐ Delete
NAME GREENBERG, ARTHUR
STREET ADDRESS 2 N. RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO, IL

TITLE VD ☐ Delete
NAME PHIPPS, JAMES
STREET ADDRESS 2 N. RIVERSIDE PLAZA, STE 400
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VAS ☐ Delete
NAME SHUMAN, BARBARA
STREET ADDRESS TWO N. RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP CHICAGO, IL 60606

TITLE VSD ☐ Delete
NAME GREENBERG, ARTHUR A
STREET ADDRESS 2 N. RIVERSIDE PLAZA, STE 400
CITY-ST-ZIP CHICAGO, IL 60606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **VAS**
MICHELLE LAPELLE
STREET ADDRESS **Two North Riverside Plaza, Ste. 400**
CITY-ST-ZIP **Chicago, IL 60606**

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 exemptions contained in Chapter 119, 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

MICHELLE LAPELLE

42707

3124741300

Date

Daytime Phone #