

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90020 038 ***150.00

DOCUMENT # F95000004506 1. Entity Name ARVIDA/WESTON CONTRACTORS, INC.					
Principal Place of Business 900 N. MICHIGAN AVE. STE 1400 CHICAGO, IL 60611			Mailing Address 900 N. MICHIGAN AVE. STE 1400 CHICAGO, IL 60611		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASSMAN, MARK		NAME	Lassman, Mark D.	
STREET ADDRESS	7900 GLADES RD		STREET ADDRESS	7900 Glades Rd.	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	VT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVELETTE, STEPHEN A		NAME		
STREET ADDRESS	900 N. MICHIGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NIELSEN, PAUL C.		NAME		
STREET ADDRESS	900 N. MICHIGAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKELE, GARY		NAME		
STREET ADDRESS	900 N. MICHIGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWING, KAREN M		NAME		
STREET ADDRESS	900 N. MICHINGAN AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60611		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Karen M. Ewing</u> Karen M. Ewing, Asst. Secretary 02/23/06 (312) 915-1969 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					