

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0622556**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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	P
NAME	LASSMAN, MARK D
STREET ADDRESS	7900 GLADES RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VT
NAME	LOVELETTE, STEPHEN A
STREET ADDRESS	900 N. MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	S
NAME	NIELSEN, PAUL C.
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	D
NAME	NICKELE, GARY
STREET ADDRESS	900 N. MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	AS
NAME	EWING, KAREN M
STREET ADDRESS	900 N. MICHINGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000678017  
04/02/07-80016-011 150.00

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IN THIS SPACE**

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:

*Karen M. Ewing*

Karen M. Ewing

1/30/07

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #