

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90256 025 ***150.00

DOCUMENT # F95000004507

1. Entity Name
ARVIDA/JACKSONVILLE CONTRACTORS, INC.



Principal Place of Business
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611-1575 US

Mailing Address
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611-1575 US



03162004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0622570 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICKELE, GARY 900 N. MICHIGAN AVE. CHICAGO, IL 60611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOTTA, JAMES D 7900 GLADES ROAD BOCA RATON, FL 33429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT LOVELETTE, STEPHEN A 900 N. MICHIGAN AVE CHICAGO, IL 60611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NIELSEN, PAUL C. 900 N. MICHIGAN AVE. CHICAGO, IL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS EWING, KAREN M 900 N. MICHIGAN AVE CHICAGO, IL 60611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 Ewing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04
Date

312/915-1969
Daytime Phone #