

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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**



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0622570

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICKELE, GARY
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	P
NAME	LASSMAN, MARK D
STREET ADDRESS	7800 GLADES ROAD
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
TITLE	AS
NAME	EWING, KAREN M
STREET ADDRESS	900 N. MICHIGAN AVE
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/06-80013-017 150.00

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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, Asst. Secretary 02/23/06 (312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #