

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004507

FILED
Feb 04, 2009
Secretary of State

Entity Name: ARVIDA/JACKSONVILLE CONTRACTORS, INC.

Current Principal Place of Business:

900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 606111575 US

New Principal Place of Business:

Current Mailing Address:

900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 606111575 US

New Mailing Address:

FEI Number: 65-0622570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NICKELE, GARY
Address: 900 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL 60611

Title: P () Delete
Name: LASSMAN, MARK D
Address: 7900 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: VT () Delete
Name: LOVELETTE, STEPHEN A
Address: 900 N. MICHIGAN AVE
City-St-Zip: CHICAGO, IL 60611

Title: S () Delete
Name: NIELSEN, PAUL C.
Address: 900 N. MICHIGAN AVE.
City-St-Zip: CHICAGO, IL

Title: AS (X) Delete
Name: EWING, KAREN M
Address: 900 N. MICHIGAN AVE
City-St-Zip: CHICAGO, IL 60611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NICKELE, GARY
Address: 900 N. MICHIGAN AVE. SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: VT (X) Change () Addition
Name: LOVELETTE, STEPHEN A
Address: 900 NORTH MICHIGAN AVE. SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: S (X) Change () Addition
Name: NIELSEN, PAUL C
Address: 900 N. MICHIGAN AVE. SUITE 1400
City-St-Zip: CHICAGO, IL 60611

Title: AS (X) Change () Addition
Name: EWING, KAREN M
Address: 900 N. MICHIGAN AVE. SUITE 1400
City-St-Zip: CHICAGO, IL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN M. EWING

AS

02/04/2009

Electronic Signature of Signing Officer or Director

Date