

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-12-2004 90256 027 ***150.00

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1. Entity Name
ARVIDA/RIVER HILLS CONTRACTORS, INC.



Principal Place of Business

900 N. MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60611

Mailing Address

900 N. MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60611

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0622531

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, 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 P
NAME MOTTA, JAMES D
STREET ADDRESS 7900 GLADES ROAD, SUITE 200
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 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 MICHIGAN AVE
CITY-ST-ZIP CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/17/04

312/915-1969

Date

Daytime Phone #