

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90184 039 \*\*\*158.75

**DOCUMENT # F96000002783**

1. Corporation Name

**INTEGRATED LIVING COMMUNITIES AT CABOT POINTE, I  
NC.**

Principal Place of Business

**5325 26TH ST WEST  
BRADENTON FL 34207  
US**

Mailing Address

**5327 N SHERIDAN RD #100  
CHICAGO IL 60640  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/04/1996**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26** **111 E Wacker Dr.**

**22**  
City & State

**27** Suite, Apt. #, etc.

**28** **Chicago, IL**

**23**  
Zip

**25**  
Country

**29** **60601**

**30** **USA**

4. FEI Number

**52-1978989**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	NEIDICH, DANIEL	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	KLINGHER, MICHAEL K	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VSGC	<input type="checkbox"/> DELETE
NAME	LEVY, STEPHEN	
STREET ADDRESS	5327 N SHERIDAN RD #100	
CITY-ST-ZIP	CHICAGO IL 60640-K	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, ELIZABETH A	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	ROTHENBERG, ATUARTETH M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	V/S	<input type="checkbox"/> DELETE
NAME	KAPLAN, WILLIAM B	
STREET ADDRESS	5327 N SHERIDAN RD #100	
CITY-ST-ZIP	CHICAGO IL 60640	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>111 E. Wacker Dr., Suite 2400</b>
3.4 CITY-ST-ZIP	<b>Chicago, IL 60601</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VST Kevin Naughton</b>
4.3 STREET ADDRESS	<b>85 Broad Street</b>
4.4 CITY-ST-ZIP	<b>New York, NY 10004</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>111 E. Wacker Dr., Suite 2400</b>
6.4 CITY-ST-ZIP	<b>Chicago, IL 60601</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephen J. Levy** **4/26/99** **(312) 673-4333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)