

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83710

(0)

1. Corporation Name
ARVIDA MANAGERS, INC.

Principal Place of Business
800 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

Mailing Address
800 NORTH MICHIGAN AVENUE
CHICAGO IL 60611-1542



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/22/1987

3a. Date of Last Report

03/20/1996

4. FEI Number

65-0011781

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 has liability for intangible tax under s. 199.032,
Florida Statutes

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AVS	<input checked="" type="checkbox"/> DELETE
NAME	YATES, KEVIN B.	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOTTA, JAMES D.	
STREET ADDRESS	7900 GLADES RD	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLUHM, NEIL G.	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICKELE, GARY	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOVELETTE, STEPHEN A.	
STREET ADDRESS	900 N. MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nielsen, Paul C.	
1.3 STREET ADDRESS	900 N. Michigan Ave.	
1.4 CITY - ST - ZIP	Chicago, IL 60611	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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.

SIGNATURE:

Paul C. Nielsen Paul C. Nielsen, Secretary

2/20/97

312-915-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)