

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 037 ***150.00

DOCUMENT # J83710

1. Corporation Name

Arvida Managers, Inc.

Principal Place of Business

900 N. Michigan Ave.
Chicago, IL 60611-1575

Mailing Address

900 N. Michigan Ave.
Chicago, IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1987

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickele, Gary	1.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	1.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motta, James D.	2.2 NAME	
STREET ADDRESS	7900 Glades Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lassman, Mark D.	3.2 NAME	
STREET ADDRESS	7900 Glades Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33434	3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lovelette, Stephen A.	4.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nielsen, Paul C.	5.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Mahoney, Karen M.	6.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	6.4 CITY-ST-ZIP	

14. 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 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: *Karen M. O'Mahoney* Karen M. O'Mahoney 04/19/1999 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)