

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-12-2004 90256 024 ***150.00

DOCUMENT # J83710

1. Entity Name
ARVIDA MANAGERS, INC.



Principal Place of Business
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611 US

Mailing Address
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611 US



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0011781

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
NAME
STREET ADDRESS
CITY - ST - ZIP
S
NIELSEN, PAUL C.
900 N. MICHIGAN AVE.
CHICAGO, IL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MOTTA, JAMES D.
7900 GLADES RD
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
NICKELE, GARY
900 N. MICHIGAN AVE.
CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
LOVELETTE, STEPHEN A.
900 N. MICHIGAN AVE.
CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
EWING, KAREN M
900 N. MICHIGAN AVE
CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Ewing

3/17/04
Date

312/915-1969
Daytime Phone #