

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011848

FILED
Apr 29, 2008
Secretary of State

Entity Name: GOODLETTE CORNERS LAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 FRONTAGE ROAD
NORTHFIELD, IL 60093

New Principal Place of Business:

Current Mailing Address:

800 FRONTAGE ROAD
NORTHFIELD, IL 60093

New Mailing Address:

FEI Number: 20-8897520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABINSKI, MATTHEW L
GOODLETTE, COLEMAN & JOHNSON, P.A.
4001 TAMiami TRAIL NORTH, SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: HIELSCHER, RICHARD B
Address: 800 FRONTAGE ROAD
City-St-Zip: NORTHFIELD, IL 60093

Title: SD () Delete
Name: MOON EISEL, TRUDY
Address: 4760 TAMiami TRAIL NORTH #2
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: TURNER KIPP, TAMMY
Address: 3701 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: AS () Delete
Name: GAIL, SANFORD R
Address: 70 W. MADISON ST
City-St-Zip: CHICAGO, IL 60602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B HIELSCHER

PSD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date