# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:23

DOCUMENT # N40655 (5)

1. Corporation Name
NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TRIBUNE PROPERTIES, INC<br>435 N MIHIGAN AVE 12TH FL<br>CHICAGO IL 60611-1041 | C/O TRIBUNE PROPERTIES, INC<br>435 N MIHIGAN AVE 12TH FL<br>CHICAGO IL 60611-1041 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 03/10/1994
4. FEI Number: 65-0245621 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | LYON, WILLIAM R | 12 NAME | |
| STREET ADDRESS | 435 N MICHIGAN AVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 14 CITY-ST-ZIP | |
| TITLE | AST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CHAVEZ, ROBERT M. | 22 NAME | |
| STREET ADDRESS | 200 E.LAS OLAS BLVD,11FL | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 24 CITY-ST-ZIP | |
| TITLE | VD | 31 TITLE | VD ☒ Change ☐ Addition |
| NAME | STILES, TERRY M. | 32 NAME | FRIEDMAN, RICHARD B, |
| STREET ADDRESS | 6400 N. ANDREWS AVENUE | 33 STREET ADDRESS | 435 N. MICHIGAN AVENUE |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 34 CITY-ST-ZIP | CHICAGO IL 60614 |
| TITLE | S | 41 TITLE | ☐ Change ☐ Addition |
| NAME | STANLEY, GRADOWSKI J, JR | 42 NAME | |
| STREET ADDRESS | 435 N MICHIGAN AVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** William R. Lyon — February 7, 1995 — 312-222-3794
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Title — Daytime Phone #

0074500