

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N40655** (5)
1. Corporation Name
NEW RIVER CENTER MAINTENANCE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **11/05/1990** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **25** Country **28** Zip **30** Country

4. FEI Number **65-0245621** 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
OT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 family member and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, RENA	
STREET ADDRESS	435 N MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAVEZ, ROBERT M.	
STREET ADDRESS	200 E.LAS OLAS BLVD,11FL	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAMZINSKI, AL	
STREET ADDRESS	435 N MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STANLEY, GRADOWSKI J, JR	
STREET ADDRESS	435 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	QUINN, JOHN F.	
STREET ADDRESS	435 N MICHIGAN AVENUE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Kenney, Crane
4.3 STREET ADDRESS	435 N. Michigan Ave.
4.4 CITY-ST-ZIP	Chicago, IL
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)