

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-20-96

B-2534

MC

DOCUMENT # P27631

(1)

1. Corporation Name

ARVIDA/HEATHROW MANAGEMENT, INC.

Principal Place of Business

900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

Mailing Address

900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611



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

3. Date Incorporated or Qualified

01/09/1990

3a. Date of Last Report

03/01/1995

4. F.E.I. Number

36-3694464

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

(If Officer: Registered Agent signature required when receiving filing)

Date

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME MILLER, ERNEST M.
STREET ADDRESS 7900 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE
NAME NICKELE, GARY
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE
NAME YATES, KEVIN B.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE T ☐ DELETE
NAME LOVELETTE, STEPHEN A.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Motta, James D.
1.3 STREET ADDRESS 7900 Glades Rd.
1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 fee 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 to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B. Yates, Secretary

3/4/96

312-915-1936

CR2E034 (12/95)