

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P27640** (2)

1. Corporation Name

**ARVIDA/HEATHROW CLUB, 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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**01/09/1990**

3a. Date of Last Report

**03/01/1995**

4. FEI Number

**36-3694469**

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reporting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, ERNEST M., JR.</b>	
STREET ADDRESS	<b>7900 GLADES ROAD</b>	
CITY- ST- ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NICKELE, GARY</b>	
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>	
CITY- ST- ZIP	<b>CHICAGO IL</b>	
TITLE	<b>AVS</b>	<input type="checkbox"/> DELETE
NAME	<b>YATES, KEVIN B.</b>	
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>	
CITY- ST- ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVELETTE, STEPHEN A.</b>	
STREET ADDRESS	<b>900 N. MICHIGAN AVE.</b>	
CITY- ST- ZIP	<b>CHICAGO IL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Motta, James D.</b>	
1.3 STREET ADDRESS	<b>7900 Glades Rd.</b>	
1.4 CITY- ST- ZIP	<b>Boca Raton, FL 33434</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 clerk 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, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kevin B. Yates, Secretary** 3/14/96

Date

312-915-1936

CR2E034 (12/95)