

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 # P29630

(1)

1. Corporation Name

ARVIDA MANAGERS-II, INC.



Principal Place of Business

Mailing Address

900 NORTH MICHIGAN AVENUE, SUITE 1200
CHICAGO IL 60611

900 NORTH MICHIGAN AVENUE, SUITE 1200
CHICAGO IL 60611

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/06/1990

3a. Date of Last Report

07/21/1995

4. FEI Number

36-3714718

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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

(NOTE: Registered Agent's signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME BARBER, H. RIGEL
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE EVP ☐ DELETE
NAME BLUHM, NEIL G.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-STATE-ZIP CHICAGO IL

V ☒ Change ☐ Addition
Bluhm, Neil G.
900 N. Michigan Ave.
Chicago, IL 60611

TITLE P ☐ DELETE
NAME MOTTA, JAMES
STREET ADDRESS 7900 GLADES ROAD
CITY-STATE-ZIP BOCA RATON FL

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

TITLE VS ☐ DELETE
NAME YATES, KEVIN B
STREET ADDRESS 900 N. MICHIGAN
CITY-STATE-ZIP CHICAGO IL

S/AVP ☒ Change ☐ Addition
Yates, Kevin B.
900 N. Michigan Ave.
Chicago, IL 60611

TITLE V ☐ DELETE
NAME GLUSKIN, JEFFREY
STREET ADDRESS 900 N. MICHIGAN
CITY-STATE-ZIP CHICAGO IL

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

TITLE V ☒ DELETE
NAME DONAHUE, VINCENT P.
STREET ADDRESS 7900 GLADES ROAD
CITY-STATE-ZIP BOCA RATON FL

D/V ☐ Change ☒ Addition
Nickele, Gary
900 N. Michigan Ave.
Chicago, IL 60611

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 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 conservator 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 exhibit.

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)