

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90009 009 ***150.00

DOCUMENT # P32649

1. Corporation Name

CLEAR LAKE COLONY APARTMENTS, INC.

Principal Place of Business

ATTN: CORPORATE TAX -335
CNA PLAZA
CHICAGO IL 60685

Mailing Address

ATTN: CORPORATE TAX -335
ATTN: COROPORATE TAX - 24S
CHICAGO IL 60685
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1991

4. FEI Number

36-3749806

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PC
LOWRY, DONALD M.
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME VD
MANN, ROBERT M.
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME SD
RIBIKAWSKIS, MARY A.
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME T
RYCROFT, DONALD C.
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME AS
WINKENBACK, ROBERT D
STREET ADDRESS CNA PLAZA
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME AS
ROBERT J GROB
STREET ADDRESS CNA PLAZA - 24S
CITY-ST-ZIP CHICAGO IL 60685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J GROB

4/28/99

Date

312-022-5194

Daytime Phone #

CR2E034 (11/98)