

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES H. ALVINSON  
GOVERNOR

APPROVED  
AND  
FILED

APR 21 1994 9:47

DOCUMENT # **P34097** (6)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WINDSCAPE APARTMENTS, INC.

1. Name of Corporation	2. Principal Office	3. Date Incorporation	3a. Date of Last Report
WINDSCAPE APARTMENTS, INC.	CNA PLAZA 333 SOUTH WABASH CHICAGO IL 60685	05/28/1991	05/01/1994
4. FID Number	28. Mailing Address	5. Certificate of State Dissolved	6. Director's Campaign Contributions
36-3784037	CNA PLAZA CORP TAX 335 CHICAGO IL 60685 US	<input type="checkbox"/>	<input type="checkbox"/>
21. State of Incorporation	26. State of Mailing Address	7. Certificate of State Dissolved	8. Director's Campaign Contributions
IL	IL	<input type="checkbox"/>	<input type="checkbox"/>
22. State of Principal Office	27. ATTN: CORPORATE TAX-245	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IL	CHICAGO, ILLINOIS	CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	FL

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	FL

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by this statute to be filed with the Secretary of State.

12. NAME	13. ADDRESS
PCD LOWRY, DONALD M. CNA PLAZA CHICAGO IL	
VD MANN, ROBERT M. CNA PLAZA CHICAGO IL	
SD RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL	
T RYCROFT, DONALD C. CNA PLAZA CHICAGO IL	
	AS WINDSCAPE, ROBERT D. CNA PLAZA CHICAGO, IL 60685

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by this statute to be filed with the Secretary of State.

SIGNATURE: *R D Winkler*  
SIGNATURE AND TYPED CORPORATE NAME OF ANYING OFFICER OR DIRECTOR

4/25/94 (312) 622-7733

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

APPROVED  
(AND)  
(FILED)

DOCUMENT # **P34098**

(4)

WESTLAKE CLUB APARTMENTS, INC.

9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Date of Incorporation		3. Date of Report	
CNA PLAZA 333 SOUTH WABASH CHICAGO IL 60685		CNA PLAZA 333 SOUTH WABASH CHICAGO IL 60685		05/28/1991	
21. State of Incorporation		26. State of Report		4. Filing Number	
22. State of Agent		27. <i>ATTN: CORPORATE TAX - 245</i>		36-3784036	
23. Filing Date		28. Filing Date		5. Certificate of Status Desired	
24. Filing Date		29. Filing Date		6. Excess Franchise Fees and Fund Fees Contribution	
25. Filing Date		30. Filing Date		8. This corporation has added, for information tax under 223.04(1) Florida Statute	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		FL 85	

11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a director, officer, or shareholder of the corporation for the purpose of reporting on behalf of the corporation. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

12. NAME	13. ADDRESS
PCD LOWRY, DONALD M. CNA PLAZA CHICAGO IL	
VD MANN, ROBERT M. CNA PLAZA CHICAGO IL	
SD RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL	
T RYCROFT, DONALD C. CNA PLAZA CHICAGO IL	
	AS WINKENBACH, ROBERT D. CNA PLAZA CHICAGO, IL 60685

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a director, officer, or shareholder of the corporation for the purpose of reporting on behalf of the corporation. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

SIGNATURE: *R.D. Winkensbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR SHAREHOLDER

4/28/95 (312) 822-7733