

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38078 (2)

1. Corporation Name

GOLF COURSE TOWERS PARTNERS, INC.

Principal Place of Business

4849 GOLF ROAD
SKOKIE IL 60077

Mailing Address

4849 GOLF ROAD
SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
05/01/1994

4. FBI Number
36-3791004

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

2. Principal Place of Business

21 2355 Waukegan Rd.

2a. Mailing Address

26 2355 Waukegan Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A200

27 Suite A200

City & State

City & State

23 Bannockburn, IL

28 Bannockburn, IL

Zip

Country

Zip

Country

24 60015

25

29 60015

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~
NAME MEADOR, THOMAS E.
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL
TITLE ~~SRV~~
NAME LUTZ, ROBERT H., JR.
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL
TITLE ~~SRV~~
NAME O'HANLON, MICHAEL J.
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL
TITLE ~~VS~~
NAME OGLE, JERRY M
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL 60077
TITLE ~~EVGT~~
NAME WOOD, ALLAN
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL
TITLE ~~18TV~~
NAME BARRA, GINO A.
STREET ADDRESS 4849 GOLF ROAD
CITY - ST - ZIP SKOKIE IL

1 1 TITLE C/PICED/D ☒ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
1 4 CITY - ST - ZIP Bannockburn, IL 60015
2 1 TITLE Senior VICE PRES./AST. S/D ☐ Change ☒ Addition
2 2 NAME Brian D. Parker
2 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
2 4 CITY - ST - ZIP Bannockburn, IL 60015
3 1 TITLE Senior V ☐ Change ☒ Addition
3 2 NAME Daniel A. Duhig
3 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
3 4 CITY - ST - ZIP Bannockburn, IL 60015
4 1 TITLE ☒ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
4 4 CITY - ST - ZIP Bannockburn, IL 60015
5 1 TITLE Executive V ☒ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
5 4 CITY - ST - ZIP Bannockburn, IL 60015
6 1 TITLE Senior V ☐ Change ☒ Addition
6 2 NAME Alexander Darragh
6 3 STREET ADDRESS 2355 Waukegan Rd., Suite A200
6 4 CITY - ST - ZIP Bannockburn, IL 60015

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 110.07(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 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 within this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature #

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ADDITIONAL OFFICERS

Senior Vice President
Senior Vice President

Josette Goldberg
Alan Lieberman

The address of record for the above officers is:

Bannockburn Lake Office Plaza
2355 Waukegan Road
Suite A200
Bannockburn, Illinois 60015