FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087586 (2)**

1. Entity Name

GREENOAK TERRACE, INC.

Principal Place of Business

4951 TAMIAMI TRAIL NORTH #3
NAPLES FL 33940

Mailing Address

4951 TAMIAMI TRAIL NORTH #3
NAPLES FL 33940

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **12/23/1993**

3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: **65-0456984** ☐ Applied For ☐ Not Applicable

State, Apt. #, etc.
22

State, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 25 29 30

8. Does corporation owe any delinquent taxes under s. 213.758, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENNING, CHRISTIAN F JR
4951 TAMIAMI TRAIL NORTH #3
NAPLES FL 33940

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 Section 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. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICER(S) AND DIRECTOR(S)	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	ROSIN, JOSEPH A	NAME	
STREET ADDRESS	555 SKOKIE BLVD SUITE 285	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60602	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	ZAMPELL, PAUL	NAME	
STREET ADDRESS	2220 FOREST LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	HENNING, CHRISTIAN F JR	NAME	
STREET ADDRESS	4951 TAMIAMI TRAIL N #3	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: Joseph A. Rosin Pres. 4/25/95 708-291-3700

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN — Date — Daytime Phone #

JOSEPH A. ROSIN, PRESIDENT

0326480 CP