

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 # **P94000075106 (2)**

1. Corporation Name

CENTREWOOD DRIVE APARTMENTS INC.



Principal Place of Business

Mailing Address

C/O STATE BOARD OF ADMINISTRATION
502 N ADAMS STREET
TALLAHASSEE FL 32314
US

1801 HERMATIGA BLVD.
SUITE 600
TALLAHASSEE FL 32308
US

3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **1801 Hermitage Blvd.**

26 **Hermitage**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 600**

27

City & State

City & State

23 **Tallahassee, Florida**

28

Zip

Country

Zip

Country

24 **32308**

25

USA

29

30

4. FEI Number
36-3981163

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOW, HORACE II
1230 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32314**

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 of Director or Principal Officer of the Corporation and the Appointed Registered Agent's Signature (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	502 N ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	502 N ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NOELL, JOHN W	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WURTZBACH, CHARLES H	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, THOMAS D	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	ASAV	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, GAIL	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1801 Hermitage Blvd.
14 CITY-ST-ZIP	
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1801 Hermitage Blvd.
24 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Howard J. Edelman
43 STREET ADDRESS	180 N. LaSalle Street
44 CITY-ST-ZIP	Chicago, Illinois 60601
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Roger E. Smith
53 STREET ADDRESS	180 N. LaSalle Street
54 CITY-ST-ZIP	Chicago, Illinois 60601
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Thomas M. Burdi
63 STREET ADDRESS	180 N. LaSalle Street
64 CITY-ST-ZIP	Chicago, Illinois 60601

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 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.

SIGNATURE:

Thomas M. Burdi **Thomas M. Burdi, V.P.**

4/22/96

(312) 855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.S.

OFFICER'S PHONE #

CR2E034 (12/95)