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Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US
Mailing Address: 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308-7703 US

3. Date Incorporated or Qualified: 10/12/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 36-3981163
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: SCHOW, HORACE II 1230 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent: 81 Name: David E. Todd
82 Street Address: 1801 Hermitage Blvd.
83 Suite 100
84 City: Tallahassee FL 85 Zip Code: 32308

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: David E. Todd David E. Todd, Assistant General Counsel 1-22-97 DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D BENNETT, DOUGLAS W	<input type="checkbox"/>
NAME	1801 HERMITAGE BLVD	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE	D MILLER, TODD A	<input type="checkbox"/>
NAME	1801 HERMITAGE BLVD	
STREET ADDRESS	TALLAHASSEE FL	
CITY-ST-ZIP		
TITLE	VS NOELL, JOHN W	<input type="checkbox"/>
NAME	180 N LASALLE STREET	
STREET ADDRESS	CHICAGO IL	
CITY-ST-ZIP		
TITLE	P EDELMAN, HOWARD J	<input type="checkbox"/>
NAME	180 N LASALLE STREET	
STREET ADDRESS	CHICAGO IL	
CITY-ST-ZIP		
TITLE	VTAS SMITH, ROGER E.	<input type="checkbox"/>
NAME	180 N LASALLE STREET	
STREET ADDRESS	CHICAGO IL	
CITY-ST-ZIP		
TITLE	VAS BURDI, THOMAS M	<input type="checkbox"/>
NAME	180 N LASALLE STREET	
STREET ADDRESS	CHICAGO IL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	1801 Hermitage Blvd, Suite 100		
1.3 STREET ADDRESS	Tallahassee, FL 32308		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	1801 Hermitage Blvd., Suite 100		
2.3 STREET ADDRESS	Tallahassee, FL 32308		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: Douglas W. Bennett, Director 2-23-97 DATE

CR2E034 (9/96)