FILED

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90031 033 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000084238

WOODMERE APARTMENTS, INC.

21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country 30 Personal Property Tax. 9. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394	Applied For
SUITE 750 ROLLING MEADOWS IL 60008 US 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 3. Date incorporated or Qualified 11/02/1995 4. FEI Number 65-0649580 7. Certificate of Status Desired 7. Feel 7. City & State 7. City & State 8. Feel 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 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 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as proportion of sport the approximents board of directors. I hereby accept the approximent as proporation's board of directors. I hereby accept the approximent as proporation's board of directors. I hereby accept the approximent as proporation and the provisions of Sections 607.0502 and 607.1508, Florida Stuthes, the above-named corporation's board of directors. I hereby accept the approximent as proporation's board of directors. I hereby accept the approximent as proporation as point and the provision of the provisions of directors. I hereby accept the approximent as proporation as point and the provision of the provisions of Sections 607.0502 and 607.1508, Florida Stuthes, the above-named corporation's board of directors. I hereby accept the approximent as proporation as point and the provision of the provis	<u></u>
SUITE 750 ROLLING MEADOWS IL 60008 US 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 3. Date Incorporated or Qualified 11/02/1995 4. FEI Number 65-0649580 5. Certificate of Status Desired 7. Fee 7. Suite, Apt. #, etc. 7. City & State 7. State Fund Contribution 7. Adder Trust Fund Contribution 7. Adder Trust Fund Contribution 7. Adder Trust Fund Contribution 7. Suite, Apt. #, etc. 7. State Fund Contribution 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. The provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing Principal Suith change was authorized by the corporation's board of directors. I hereby accept the approximent is not for the purpose of changing submitted to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent is board of directors. I hereby accept the approximent is board of directors. I hereby accept the approximent is board of directors.	<u></u>
Suite Suit	<u></u>
2a. Mailing Address 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt	<u></u>
2. Principal Place of Business 2. Maifling Address 2. Maifling Address 2. Maifling Address 2. Maifling Address 3. Maifling Address 4. FEI Number 65-0649580 5. Certifcate of Status Desired 5.	<u></u>
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Fee City & State City & State 6. Election Campaign Financing \$5.00 Fee Zip Country Zip Country 8. This corporation owes the current year Intangible Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 SUITE 1950 FORT LAUDERDALE FL 33394 84 City FL 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 offers 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	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	TOT Applicable
City & State Country Election Campaign Financing Trust Fund Contribution Adder Adder Fee I Fee	Additional
City & State Trust Fund Contribution Adder Trust Fund Contribution Trust Fund Contribution Adder Trust Fund Contribution Trust Fund Contri	Required
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 84 City FL 85 Zi 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 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	May Be
Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 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 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	to Fees
25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Further of the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered earnt, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	_
9. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zi 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 office or registered eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	□No
MOMBACH, GEOFFREY S 500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 82 Street Address (P.O. Box Number is Not Acceptable) 83 FURTHER OF THE 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 office or registered eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	
500 E. BROWARD BLVD. SUITE 1950 FORT LAUDERDALE FL 33394 84 City FL 85 Zi 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 office or projected eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	j
FORT LAUDERDALE FL 33394 84 City FL 85 Zi 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 office or registered eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	
FORT LAUDERDALE FL 33394 84 City FL 85 Zi 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 office or registered eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	
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 office or registered eacht, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	
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 office or registered eacht, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as	o Code
office or registered agent, or both, in the State of Figure 3.000 Change was authorized by the corporation's bodie of directors. Thereby accept the approximation	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE DELETE 1.1 TITLE Change	e Addition
NAME STARNES, BOB 1.2 NAME	
STREET ADDRESS 1600 GOLF ROAD, SUITE 750 1.3 STREET ADDRESS	
CITY-ST-ZIP ROLLING MEADOWS IL 60008 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Chang	e
2.2 NAME	
NAME 2.2 NAME	
NAME STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS	
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	e 🔲 Addition
STREET ADDRESS 2.3 STREET ADDRESS A ADDRESS	'
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONTROL OF THE CONT	
2.3 STREET ADDRESS	e Addition
2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change City-St-ZIP Change City-St-ZIP Change City-St-ZIP Change City-St-ZIP Change City-St-ZIP City-St	s Addition
2.3 STREET ADDRESS	
2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 C(TY-ST-ZIP Change TITLE DELETE 3.1 TITLE Change STREET ADDRESS 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C(TY-ST-ZIP DELETE DELETE A.1 TITLE Change	
2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 C(TY-ST-ZIP	
2.3 STREET ADDRESS CTY-ST-ZIP CTY-ST-Z	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 C(TY-ST-ZIP Change	
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	e Addition
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	e Addition

14. I 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 supplementary 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 relevenor 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #