

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009230

**Entity Name:** 419 WILLIAM STREET CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC3883620497**

**Current Principal Place of Business:**

1400 16TH STREET  
SUITE 300  
OAK BROOK, IL 60523

**Current Mailing Address:**

1400 16TH STREET  
SUITE 300  
OAK BROOK, IL 60523 US

**FEI Number:** 27-0106839

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DANIELS, STEVEN L  
515 NORTH FLAGLER DRIVE  
6TH FLOOR  
WEST PALM BEACH, FL 33401 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name KOSTELNY, GERALD J  
Address 1400 16TH STREET, SUITE 300  
City-State-Zip: OAK BROOK IL 60523

Title DS  
Name KOSTELNY, CAROLYN  
Address 1400 16TH STREET, SUITE 300  
City-State-Zip: OAK BROOK IL 60523

Title D  
Name HUTTER, CHRISTOPHER  
Address 1400 16TH STREET, SUITE 300  
City-State-Zip: OAK BROOK IL 60523

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTOPHER HUTTER**

**DIRECTOR**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date