

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105075

Entity Name: COMMONS AT ISSAQUAH, INC.**Current Principal Place of Business:**110 N WACKER DRIVE
SUITE 4000
CHICAGO, IL 60606**Current Mailing Address:**110 N WACKER DRIVE
SUITE 4000
CHICAGO, IL 60606 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name SPOOK, STEPHEN A
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VAS
Name MARINO, CHRIS
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VAT
Name GRAY, LYNNE M
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VS
Name MCCARTHY, THOMAS D
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VAS
Name BONINO, JOHN
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VP
Name BONINO, JOHN
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT
Name TOGNARELLI, MAURY R
Address 110 N WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Continues on page 2

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BONINO

VICE PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAZEN, MAUREEN M
Address 110 N WACKER DRIVE
 SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name FOOTE, CHAD
Address 110 N WACKER DRIVE
 SUITE 4000
City-State-Zip: CHICAGO IL 60606