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JESSE WHITE, SECRETARY OF STATE

DOMESTIC/FOREIGN CORPORATION
ANNUAL REPORT
GENERAL NOT FOR PROFIT
CORPORATION ACT

Doc#: 0408918056
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 03/29/2004 11:49 AM Pg: 1 of 1

Filing Fee: \$5
If late, add penalty of \$3 *per*

ALIAS

Do Not Write Above This Line Year: 2004 File # N 6087-39-9⁰

1. Corporation Name ELEVENTH STREET LOFTOMINIUM ASSOCIATION

2(a) Registered Agent Katheryn K. Arnold
Registered Office 444 N Michigan Av St 2500
City, IL, ZIP, County Chicago IL 60611

2(b) Changes Registered Agent DAVID SUGAR
Registered Office 401 N MICHIGAN AV STE 1900
City, IL, ZIP, County CHICAGO IL 60611

3(a) Date of Incorporation/Qualification 2/7/2000 3(b) State of Incorporation Illinois

4.) The names and respective addresses of the corporation's officers and directors are:

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Stephen Kunkel Director &	President	1020 S. Wabash Avenue,	Chicago, IL		60605
Robert Reese Director &	Secretary	1020 S. Wabash Avenue,	Chicago, IL		60605
Patricia Larson Director &	Treasurer	1020 S. Wabash Avenue,	Chicago, IL		60605
David Lampert VP &	Director	1020 S. Wabash Avenue,	Chicago, IL		60605
Tim Thompson VP &	Director	1020 S. Wabash Avenue,	Chicago, IL		60605
	Director				

NOTE: List all officers and directors above or list them on an additional sheet: Illinois corporations must have three directors.

5. The following is a brief statement of the character of the affairs which the corporation is actually conducting:

6. Is this corporation a **Condominium Association** as established under the Condominium Property Act?
Yes No (Check One)

Is this corporation a **Cooperative Housing Corporation** defined in Section 216 of the Internal Revenue Code of 1954?
Yes No (Check One)

Is this corporation a **Homeowner's Association** which administers a common-interest community as defined in subsection (c) of Section 9-102 of the Code of Civil Procedure?
Yes No (Check One)

7. The address, including street and number of the corporation's principal office:
N/A
(Number and Street) (City) (State) (ZIP Code)

(Please read reverse side of this report before signing below)

8.) BY *[Signature]* PRESIDENT 03/09/04
(Authorized Officer's Signature) (Title) (Date)

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

C-54.21
RETURN TO BOX 57
ATTN.: R. SLAGER

ITEM 8 MUST BE SIGNED