UNOFFICIAL COF

FORM **NFP 105.10/105.20** (rev. Dec. 2003) **STATEMENT OF CHANGE OF** REGISTERED AGENT AND/OR **REGISTERED OFFICE**

General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-3647 www.cyberdriveillinois.com

Remit payment in the form of a

be identical.

6. The above change was authorized by: (check one box only) a. 🛎 Resolution duly adopted by the board of directors.

b. Action of the registered agent.

FRLED

JESSE WHITE SECRETARY OF STATE Doc#: 0706749026 Fee: \$26.50 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 03/08/2007 09:32 AM Pg: 1 of 2

ch	heck or money order payab Secretary of Stato	ble	N 6258-	151-1	Filing Fee: \$5 A	pproved:
	Submit in du	iplicate ———— Type o	r Print clearly in b	olack ink ———	- Do not write abov	ve this line
1.	. Corporate Name:	BUNULEST	NorTH	Home	WNERS	ASSOCIATIO
2.	. State or Country of Inc	corporation.				
3.	. Name and Address of Secretary of State (be		Registered Offic	e as they appea		
	Registered Agent	1AC1510	4		KIBE	
	Registered Office	First Na GLA Number Street	$C \subseteq C$	Middle Name . Suite	Last Nar No. (P.O. Box alone is	•
		STREAMWO		0107	Cook	
		City	ZIP code	19	County	
4.	. Name and Address of	-	_	e after all chan	es herein are rep	orted:
	Registered Agent	JOHANNE	5	Middle Name	E YE	. \$
	Registered Office	<i>I</i> ' .	CIER D		PO.B	0× 1213
		Number Street		_	No. (P.O. Box rione s	unacceptable)
		STREAMW(ZIP code	60107	County	<u> </u>

SEE REVERSE FOR SIGNATURE(S).

5. The address of the registered office and the address of the business office of the registered agent, as changed, will

(See Note 5 on reverse.)

(See Note 6 on reverse.)

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7.	If authorized by the board of directors, sign here. (See Note 5 below.)							
			be signed by a duly authorized officer who affirms, under					
	penalties of perjury, that the facts stated herein are true and correct.							
	Dated DEC 20 2006	,	UNCREST NORTH HOME OWNERS					
	Month & Day **Market Day Any Authorized Officer's Signatu	Year	Exact Name of Corporation A-SSGC 114 176					
	Any Authorized Officer's Signal							
	KAREN MARKS PRESIDENT Name and Title (type or print)							
	radite and thre (type of print)							
	If change of registered office by registered agent, sign here. (See Note 6 below.)							
	The undersigned, under penalties of perjury, affirms that the facts stated herein are true and correct.							
	The undersigned, under penalties or perju	iry, ariiriio arac a	To tadio blatos fiorent are tras and terres.					
	Dated							
	Month & Day	Year	Signature of Registered Agent of Record					
	O _A							
	10_		Name (type or print)					
			Name (type or print) If Registered Agent is a corporation,					
	-/x		Name and Title of officer who is signing on its behalf.					
	9		ratio and this of onest who is signing on to solution					

NOTES

- 1. The registered office may, but need not be, the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or roac address (P.O. Box alone is unacceptable).
- 3. A corporation cannot act as its own registered agent
- 4. If the registered office is changed from one county to another, the corporation must file with the Recorder of Deeds of the new county a certified copy of the Articles of Incorporation and a certified copy of the Statement of Change of Registered Office. Such certified copies may be obtained ONLY from the Secretary of State.
- 5. Any change of registered agent must be by resolution adopted by the board of directors. This statement must be signed by a duly authorized officer.
- 6. The registered agent may report a change of the registered office of the corporation for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.