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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.

FILED

OCT 1 2 2007

JESSE WHITE
SECRETARY OF STATE

Doc#: 0729647002 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 10/23/2007 08:34 AM Pg: 1 of 2

| neck or money of St | | | | | |
|---------------------------------|---|--------------------------------|---------------------|--------------------------------|----------------------|
| | | File # N 51 | 02-806-6 | Filing Fee: \$5 | Approved: |
| Su | bmit in duplicate | - Type or Print clea | arly in black ink – | Do not write abo | ove this line |
| | | _ | | | |
| . Corporate N | ame: Kincora (| Owners Associa | ation | | |
| . State or Cou | untry of Incorporation: | Illinois | | | |
| | Address of Registered | | ed Office as they | appear on the records | of the Office of the |
| Registered / | _{Agent} Vi | ncent | | Innoc | enti |
| Registered | 10333 S | First Name 5. Central Aveni | Middle Na | ame Last N | ame |
| g | Number Oak Lav | Street WN | 60453 | Suite No. (P.O. Box alone Cook | s unacceptable) |
| | City | | ZIP code | County | • |
| . Name and A | Address of Registered | Agent and Register | ed Office after al | l changes herein are re | eported: |
| Registered | Agent | ennis | M. | | |
| Registered | Office 13301 S | First Name 5. Ridgeland Av | e. #B | ame Last 1 | Name |
| J | Number | Street | | Suite No. (P.O. Box Llone | s unacceptable) |
| | Palos H | eights | 60463 | Cook | 2016 |
| | Oity | | ZIP code | County | CO |
| The address | s of the registered office | ce and the address | of the business of | office of the registered | agent, as changed, w |

SEE REVERSE FOR SIGNATURE(S).

(See Note 5 on reverse.)

(See Note 6 on reverse.)

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| 1. | The undersigned corporation has caused penalties of perjury, that the facts stated h | this statement to | be signed by a duly authorized officer who affirms, under |
|----|--|---------------------|--|
| | Dated October 03 | | Kincora Owners Association |
| × | Month & Day Any Authorized Officer's Signate | Year ure | Exact Name of Corporation |
| | John P. Haywood i Name and Title (type or print | 4esideNT | |
| | If change of registered office by regist | | |
| | Dated | ary, attirms that t | he facts stated herein are true and correct. |
| | Month & Day | Year | Signature of Registered Agent of Record |
| | | | Name (type or print) If Registered Agent is a corporation, Name and Title of officer who is signing on its behalf. |

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 road 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 briard 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.