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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

FILED

Doc#: 0915331024 Fee: \$44.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 06/02/2009 12:00 PM Pg: 1 of 5

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JESSE WHITE SECRETARY OF STATE

che	ck or money order paya ecretary of State		File # <i>63</i> 33 -6	48-3	Filing Fee: \$5	Approved:
	Submit !: d				—— Do not write ab	ove this line ————
	Corporate Name: Re					CP0778840
2.	State or Country of I	ncorporation: Illin	OIS			-, · · · ·
3.	Secretary of State (I	petore change):	gen) and Registere	d Office as they	appear on the rec	cords of the Office of the
	Registered Agent:	Vacant First Name	C	Middle Name		Last Name
	Registered Office: _	Number		Street	Suite # (P.C). Box alone is unacceptable)
	-	Buffalo Grove, IL City		Z'// Code		County
4.	4. Name and Address of Registered Agent and Registered Office after all changes herein are reported:					
	Registered Agent:_	FR3L Name		Middle Name	7	Last Name
	Registered Office:	Mailinei		Street	Sunc # (P.0	D. Box alone is unacceptable)
		Chicago, IL 6060		ZIP Code		County
5.	The address of the identical.	registered office	and the address of	the business offi	ce of the registered	agent, as changed, will be

- 6. The above change was authorized by: (check one box only)
 - a. Resolution duly adopted by the board of directors. (See Note 5 on back.)
 - b.
 Action of the registered agent. (See Note 6 on back.)



DEPARTMENT OF **BUSINESS SERVICES**

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4,				1	
_	If authorized by the board of directors,	sian	here. (See I	Vote 5 I	pelow):
1.	It authorized by the board of discourse		-t-tamont to	he sign	ad by a

The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

	ID MAR	19	Regatta Condominium Association
Dated _		Year	Exact Name of Corporation
	MA		
_	Any Authorized enicer's Signature Violation Name and Title (type or print)	Rei	lut
If chan	ge of registered office by registered ag dersigned, under penalties of perjury, affin	j ent, si ms thai	gn here. (See Note 6 below): t the facts state herein are true and correct.
Dated	Nonth & Day	Year	Signature of Registered Agent of Record
	Q _r		
	Ox		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 addires (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 in 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.

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FORM NFP 102.10 (rev. Dec. 2003) ARTICLES OF INCORPORATION General Not For Profit Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-9522 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.

	Ô	File #		Filing Fee:	\$ 50.00	Approved. CF
	Submit in duplicate —	Type or Print clearly in b	lack ink-	Do not write abov	e this line-	
Article 1.		rooration is <u>:</u> Regatta Cor				
Article 2:	The name and add	ress of the initial registered				
	. LA Chad	O/G	Midd	lendorf		
	stered Agent <u>Chad</u> First Na	me Middle W, Superior Streat,	Suite 200	Last Nam		
Regi	stered Office One Numb Chicago	er Street	60610 (S	uite #) (A P.O. Bo	x alone is n Coo	ot acceptable)
Article 3:	City The first Board of I being as follows:	Directors shall be	ZIP Code in nu il.ar, three)	ember, th		100941
Director	s Names Street	Address	City	Stat	e ZI	P Code
		Superior Street, Suite	200, Chicag೨,	<u>½ 60610</u>		
		t Superior Street, Suite				
		ne West Superior Stree			ი <u>610</u>	
					<u>C</u>	
					C	
. 		which the corporation is ore	anized are:	48		

The purposes for which the corporation is organized are: Article 4.

Administration and operation of property owned on a condominium basis or by a homeowner associaton; To organize and operate a corporation, no part of the net earnings of which is to inure to benefit any member or other individual. To provide maintenance' preservation, and architectural control of the condominiums and common area located within a community commonly known as Regatta Condominium Association.

(over)

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Article 4.	(continued) Is this corporation a Condominium Association	n as established under the	Condominium P	roperty Act?
	Yes No (Che	ck onej		
	Is this corporation a Cooperative Housing Cor Code of 1954? Yes No (Che	eck one)		
	Is this corporation a Homeowner's Associate defined in subsection (c) of Section 9-102 of	tion which administers a the code of Civil Procedur	common-interest e?	community as
Article 5.	Other provisions (please use separate page	if additional space is need	ed):	
	%	··		
•-	1000 PM			
	4	_		
Article 6.	MAMES & ADDRESSES			
The	undersigned incorporator(s) hereby declare(s)	under penalties of perjury	, that the stateme	nts made in
the foreg	oing Articles of Incorporation are true.	<u> 104</u>		
Dated	(Month & Day)	<i>ear)</i> POST O	FFICE ADDRESS	3
	SIGNATURES AND NAMES		perior Street, S	
	1. 0 0	Street		
	Signature David J. Carlins	Chicago, IL 6	0610	ZIP
	Name (please print)	City/Town	State	ZIF
	2. Circotus	Suget		
	Signature		State	ZIP
	Name (please print)	City, 1 own	State	
	Signature	3		
		City/Town	State	ZIP
-	Name (please print)	4. ————	Othio	
	Signature	Street		
		City/Town	State	ZIP
	Name (please print)	5	CV	
	5Signature	Street		_
	N. (-lane priot)	City/Town	State	ZIP
(6)	Name (please print)	ument. Carbon copied, pi	hotocopied or rut	ber stamped
(Signat signatu	ures must be in BLACK INK on original doc	ument. Carbon copied, pl	notocopied or rut of incorporation s	hall be show

• If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Please print name and title beneath the officer's signature.

The registered agent cannot be the corporation itself.

• The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.

The registered office may be, but need not be, the same as its principal office.

 A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.
FOR INSERTS – USE WHITE PAPER – SIZE 8 1/2 x 11

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File Number

6333-648-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of MAY A.D. 2009 .

Authentication #: 0914100843
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE