THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP AND OF EASEMENTS, RESTRICTIONS, COVENANTS AND BY-LAWS FOR THE MADISON PLACE CONDOMINIUM ASSOCIATION



Doc#: 1101145037 Fee: \$308.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 01/11/2011 01:43 PM Pg: 1 of 13/

This Third Amendment to the Declaration of Condominium Ownership and of Easements, Restriction, Covenants, and By-Laws for The Madison Place Condominium Association, is made and entered into this 157 day of December, 20 10, by the Unit Owners of The Madison Place Condominium Association holding not less than three-fourths of the total vote of the unit ownership

WITNESSETH

WHEREAS, by a certain Declaration of Concominium Ownership and of Easements, Restrictions, Covenants and By-Laws for The Madisor, Place Condominium Association (hereinafter called "Declaration") recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0021302667, on November 25, 2002, certain real estate located in Skokie, Cook County, Illinois (hereinafter called "Property") identified therein was submitted to the Condominium Property Act of the State of Illinois (hereinafter called "Act"). The real estate now subject to the Declaration, as amended, is identified and legally described in Exhibit "A" which is attached hereto and forms a part hereof; and

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WHEREAS, a First Amendment to the Declaration of Condominium Ownership was recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0401331130, on January 13, 2004; and

WHEREAS, a Second Amendment to the Declaration of Condominium Ownership was recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0504703009, on February 16, 2005, and

WHERFAS, the Unit Owners deem it desirable to restrict the leasing, renting or occupying of the residential units so that no more than twenty percent (20%) of the total number of Units shall be leased at any time (except as otherwise permitted by this Amendment); and

WHEREAS, the Unit Owners desire to reserve to the Board the authority, in its sole and absolute discretion, to lease or rent units owned or possessed by the Board or the Madison Place Condominium Association;

WHEREAS, Section 21 of the Declaration provides that the Declaration may be changed, modified, or rescinded by an instrument in writing setting iceth such change, modification or rescission, signed by Unit Owners holding not less than three-quarters (3/4) of the total vote (percentage of ownership) of the Association, and certified by the Secretary of the Association; and further provided that all lienholders of record have been notified by certified mail of such change, modification or rescission, and an affidavit by said secretary certifying to such mailing is made a part of such instrument; and

WHEREAS, Section 19 (b)(iv) of the Declaration previously stated the provisions of Section 19 may only be amended or modified upon the consent of Unit Owners owning 100%

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of the total ownership; it is hereby recognized that said provision has been abrogated by Section 27 of the Illinois Condominium Property Act, which provides, at Section 27(a), that the condominium instruments shall be amended upon the approval vote of 2/3 of those voting or upon the majority specified by the condominium instruments, "provided that in no event shall the condominium instruments require more than a three-quarters vote of unit owners";

NOW THEREFORE, the Board and owners having at least three-fourths (3/4) of the total vote (percentage of ownership), do hereby amend and modify the Declaration as follows:

Section 19 of the Declaration, entitled "Transfer of a Unit"; is hereby amended and modified by replacing subparagraphs (a) and (b) with the following subparagraphs (a) and (b) in its place and stead:

(a). Leasing of Units Restricted.

(i). Leasing of Units, and occupancy of Units by persons other than the Owner of the Unit or those authorized by Sabsections (i) through (vi) of this Section 19(a), is hereby restricted so that no more than awenty percent (20%) of the total number of Units in the Association (by number) may be leased or rented (or occupied by persons other than those permitted by this Section 19) at any particular time.

Notwithstanding the leasing restrictions set forth herein, for purposes of this Section 19(a) only, a Unit may be occupied by the Unit Owner's immediate family member, without the Unit Owner, provided that those family members actually occupy and reside in the Unit a their primary residence. Such occupincy by immediate family members shall not be considered leasing or renting the Unit for these purposes and shall not count as being leased or rented to determine the total number of units being leased or rented in the Association. For purposes of this subsection $\mathcal{P}(a)$ immediate family member shall mean the Unit Owner's a spouse, parent, child, brother or sister, and shall not include any other family member or person.

(ii) The Board shall have sole and absolute discretion to determine when and which Units may be leased or rented in accordance with these provisions of Section 19(a), including, but not limited to, determining if twenty percent of the total number of Units are being leased or rented. The Board's determinations shall not be subject to challenge or judicial review and shall be final and binding upon the Unit and the Unit Ownership.

The Board shall have the authority, in its discretion, to adopt and amend rules and regulations to implement and enforce these limitations and restrictions on the number of Units which may be leased or rented, including, but not limited to, setting the method or procedure to determine which units may be rented, leased or occupied to comply with the restrictions and limitations set forth in this Amendment. The Board shall have sole and absolute discretion to determine whether or not twenty percent (20%) of the Units are leased or rented at any time, and whether and which Units may be rented, leased or occupied in accordance with this Amendment, and the Board's determinations shall not be subject to challenge or judicial review and shall be final and binding upon the unit and the unit Ownership.

All leases in effect on or before the effective date of this Amendment, and all leases in effect and permitted after the effective date, shall be subject to the Declaration and Ev-Laws, this Amendment, all prior and subsequent Amendments, the Condomination Property Act now in effect and as amended from time to time, provided, however, that no changes to the Condominium Property Act will allow leasing or limit the restrictions herein. All permitted, tenants and occupants shall be subject to the Declaration, By-Laws. Amendments, all Rules and Regulations in effect at the time of this Amendment or as amended by the Board from time-to-time and to the Act, provided, that no changes to the Condominium Property Act which would allow leasing as otherwise prohibited herein, or which would otherwise limit the restrictions herein, shall supersede this provision. The Rules and Regulations in effect at the time of this Amendment shall be deeme incorporated herein by this reference and shall be deemed reasonable in all respects by all Unit Owners, lessees, occupants and tenants and by any court of competent jurisdiction.

A Unit shall not be leased or occupied except as allowed or authorized in Subsections (i) through (vi) of this Section 19(a). Except for Units which may be leased pursuant to this Section 19(a), all other Units must be occupied by the Owner of the Unit (and persons residing with the Owner), or the Owner's immediate family directly related to the Owner, which, for purposes of the pic visions of this Section 19(a), such immediate family shall be defined only as a spouse, parent, child, brother or sister (and persons residing with each of those immediate family members), or any one or more of them, for use as their primary personal residence only, and further provided that those family members actually occupy and reside in the Unit. No other person may occupy and reside in the Unit except with the Owner or as permitted by this Subsection 19(a). For purposes of this Section 19(a), if the Owner is a corporation, the occupant must be a shareholder of the corporation who owns at least twenty-five (25%) percent of the stock of the corporation; if the Unit Owner is a Limited Liability Company (an "LLC"), the occupant must be a member of the LLC; if the Unit Owner is a partnership, the occupant must be a partner of the partnership; and if the Unit Ownership is a trust, the occupant must be the trustee or a beneficiary of the trust. Upon request by the Board, the Unit Owner must provide to the Board sufficient information, documentation and evidence that the person who occupies or will occupy

the Unit is a person permitted and authorized by this Subsection B(ii), and the Board shall have sole discretion to determine whether or not any person is permitted or authorized to occupy a Unit in accordance with this provision. Units are for single family occupancy only, and only one family may occupy and reside in a Unit at any time.

- (iv). Notwithstanding the provisions of Subsections 19(a)(i) and (iii), with respect to any Unit which the Association or Board has or shall have possession or an ownership interest, the Board shall have the authority to lease the Unit to any person, exempt from and without complying with the lease restrictions or any provision of this Section 19(a) whenever the Board shall determine, in its sole and absolute discretion, that the interest of the Association would be served thereby.
- rules and regulations it deems necessary to administer, enforce and supplement the provisions of Section 19(a), but the absence of any such rules and regulations shall not prevent the Board from administering or enforcing the provisions of Section 19(a), including subparagraphs (i) through (vi). Any such rules and regulations shall be deemed reasonable. The Board shall have the right to establish Rules and Regulations limiting the number of persons occupying, residing or staying in a Unit.
- In the event that ¿ Unit or any interest therein is leased or occupied in violation of this Section 19(a), such lease or occupancy shall be void, and the Board shall have the right to enforce the restrictions, limitations, prohibitions or conditions set forth in Section 19(a) or other provisions or the Declaration and By-Laws, Rules and Regulations, and the Act, by any proceeding at law or in equity, and may pursue any or all of the remedies set forth in the Declaration, By-Laws and Rules and Regulations, including, but not limited to, Forcible Entry & Detainer actions to obtain possession of the Unit and injunctive or other relief. All expenses of the Board or Association incurred in connection with enforcement of Section 19(a) or with such actions and proceedings including all attorneys' fees, court costs, other fees and expenses, and all damages, liquidated or otherwise, together with interest thereon at the maximum legal rate until paid, incurred prior to, during, and after such actions or proceedings, shall be charged to and assessed against the defaulting Owner, and shall be added to and deemed a part of the Owner's respective share of the common expenses, and the Board shall have a lien for all of the same upon the Unit and the Owner and upon all of the Owner's personal property in the Unit or located elsewhere on the property.
- (b). <u>Provisions Relating to Leased Units</u>. The following provisions apply to all Units that are leased or rented as allowed pursuant to Section 19:
- (i). A Unit Owner shall not lease or rent the Unit for less than one (1) year, or for hotel or transient purposes.
- (ii) All rentals and leases must be in writing. A copy of the lease, as and when executed shall be provided to the Association Board, or its managing agent, no

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less than ten (10) days after execution or the date of occupancy by the lessee, whichever is first.

- (iii) The provisions of the Act, this declaration, the Bylaws, and the Association's rules and regulations shall apply to every person leasing a Unit and to any and all Occupants of a Unit claiming by and through the person leasing a Unit and by this reference such application shall be deemed incorporated in each and every lease.
- (iv) In addition to any other remedies, the Association may seek to enjoin a count and Unit Owner from occupying a Unit or seek to evict a tenant under the provisions of Article IX of the Code of Civil Procedure for failure of the lessor-Owner to comply with the leasing requirements prescribed by this Section or by the Declaration Bylaws and rules and regulations, and the Unit Owner hereby waives any claim to homestead under 735 ILCS 5/12-903. The Board may proceed directly against a tenant, at law or in equity, under the provisions of Article IX of the Code of Civil Procedure and for any other breach by tenant of any covenants, rules, regulations or bylaws.

This Third Amendment To Declaration of Condominium Ownership And Of Easements, Restrictions, Covenants and By-Lews for The Madison Place Condominium Association shall become effective on the date it is filed with the Recorder of Deeds of Cook County, Illinois.

IN WITNESS WHEREOF, the President of the Association h is signed this instrument below as the President of the Association; and the Unit Owners holding not less than three-quarters (3/4) of the total vote (percentage of ownership) of the Association, as sec forth on the pages attached hereto, have approved this Amendment.

As President of the Madison Place Condominium Association

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AFFIDAVIT OF SECRETARY

The undersigned, on oath, state that I have personal knowledge of the facts in this Affidavit and could testify to the same if necessary; and further state that I am the Secretary of the Board of Managers of The Madison Place Condominium Association, and further certify that signatures attached to this Amendment represent Unit Owners having at least three-quarters of the total vote in the Association. I further certify that notice of this Amendment has been mailed by certified mail to all lienholders of record.

Association on this 111h day of 140444 2011.

Title

SPA'S OFFICE

SUBSCRIBED AND SWORN to before the this 1164 day of 164 day.

NOTARY PUBLIC

OFFICIAL SEAL
JAMES A SLOWIKOWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/10/14

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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	<u>PIN NO.</u>
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	<u>PIN NO.</u>
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UNIT OWNER	<u>UNIT/ADDRESS</u>
Maria lan_	5055 MADISON
Signature MARLA (PRSON)	#405
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	UNIT OWNER	UNIT/ADDRESS
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UNIT OWNER JONATHAN PRINTED Printed Name	UNITIADDRESS SUSS Madison St Unit #509
Signature Printed Name	PINNO. 10-21-405-077 - 1049 Account # 17581
Signature Printed Name	
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UNITOWNER	<u>UNIT/ADDRESS</u>
attice tayles	5055 W. Madison St. #60
Signature PATRICE PO ATON	SKOKie, IL 60077
Printed Name	<u>PIN NO.</u>
Signature	10-21-405-077-1030
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Makew & Regula	5105 Madison St.
Signature Matthew S. Leznik	# 202-
Printed Name	
	<u>PIN NO.</u>
Signature	10-21-405-077-1062
Printed Name	C
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Printed Name	Colly Clark
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
Signature Verinted Name Signature A Construction of the control	Stokie 24 60077 / #2
Signature	PIN NO. 10-21-405-077-1064
Printed Name	C ₀ ,
Signature	
Printed Name	
MORTGAGE OR LIEN HOLDERS NAI listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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1101145037 Page: 30 of 137

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
V Deau Celling	5105 Madison #212
Signature VEAN CULLING	212
Printed Name	PIN NO.
Signature	10-21-405-077-1072
Printed Name	C.
Signature	Thy.
Printed Name	County Clark
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: please add another sheet
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
	5105 Madison 7/304
Signature Don Shin	510\$ Madison 7/304 SKOKIZ IL 6001111.
Printed Name	
3him	PIN NO.
Signature MI J. RA	10-21-405-0111-1006
Printed Name	C
Signature	4/2×
Printed Name	Colly Class
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
IZRAIL BICKES	5105 Madison STE Upis 306
Signature 12Rayl 61CKEL Printed Name	SKOKIE 160077
rimed ivame	<u>PIN NO.</u>
Signature LdA BICKEL Printed Name	10-21-425-077-1072
THA BICKEL	C
Signature	40.
Printed Name	COUNTY CHO
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
/ Danielle Sha	1 5105 Madison St.
Signature Donicle Chiza	1 5105 Madison St. 1 Unit 2-308
Printed Name	PIN NO.
Signature	10-21- 405-071/080
Printed Name	
Signature	04/2
Printed Name	Collyin
MORTGAGE OR LIEN HOLDERS N listing any additional lien holders)	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	<u>UNIT/ADDRESS</u>		
Signature	5105 W MADISON * 311		
Printed Name	√		
/ Sauri M. Mota C	PIN NO.		
Signature / Shelli M. Mata	10-21-405-077-108		
Printed Name	'C		
Signature	Uny,		
Printed Name	County		
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Financial Institution Full Name Street/P.O. Box: City/State/Zip:			
Mortgage Number:			

1101145037 Page: 35 of 137

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDI	RESS		
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Printed Name	<u> </u>		-	·····
		PIN	1 NO. - 21 - HOS	-077-1097
Signature)/		1097	
Printed Name	TC			
Signature	4hx	,		
Printed Name	County	Ch		
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNITOWITER	<u>UNIT/ADDRESS</u>
Jeann Thomas	√ 5105 Madrson #502
Signature DAVID THERNYON	V Skokle IL 60077
Printed Name	
	<u>PIN NO.</u>
Signature	10-21-405-677-1098
Printed Name	TC
Signature	Unx.
Printed Name	Collustra
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1101145037 Page: 37 of 137

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UNIT OWNER	UNIT/ADDRESS
Formal (Sduly)	15105 MN 503
Signature RICHARS CICHUSERT	1 5105 UNIT 503
Printed Name	V 3/03 UN TO 303
	PIN NO.
Signature	10-21-405-077-1099
Printed Name	
Signature	4/2×
Printed Name	AME AND ADDRESS. (III.)
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1101145037 Page: 38 of 137

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	<u>UNIT/ADDRESS</u>
Muchay light	5105 W MADION UNITSOS
Signature ////FS	5105 W MADION UNISOS SKOKIR ZL 6007)
Printed Name	
	<u>PIN NO.</u>
Signature	10021-405-077-1101
Printed Name	
Signature	4h.
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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MOR	TGAGE OR LIEN HOLDERS NAM g any additional lien holders)	ME AND ADDRESS:	(please add another sheet
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1101145037 Page: 40 of 137

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNITOWNER	UNIT/ADDRESS
May Was	7.105 West Madican of #612
Signature Maring Mondelon	5.10 5 West Madison 52 #612 State 10 60077
Printed Name	
	PIN NO.
Signature	17-21-405-077-1116
Printed Name	C
Signature	40*
Printed Name	IE AND ADDRESS: (please add another sheet
MORTGAGE OR LIEN HOLDERS NAM isting any additional lien holders)	IE AND ADDRESS: (please add another sheet
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	<u>UNIT/ADDRESS</u>	
Banca Postpane Signature	5155 Madison	
Blanca Talami	# 203	
Printed Name		
	PIN NO.	4
Signature	10-21-405-077-111	"
Printed Name	T _C	
Signature	45.	
Printed Name	Collustration of the collection of the collectio	
MORTGAGE OR LIEN HOLDERS NAI listing any additional lien holders)	ME AND ADDRESS: (please add another sheet	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
Signature VICTORINO G SALANDANA	
Printed Name Caridad & Sulindarian Signature CARIDAD J. SALANDANAN Printed Name	<u>PIN NO.</u> 10-21-405-077-1122
Signature Printed Name	Colly C
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders) Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	ME AND ADDRESS: (please add another sheet
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER 1/1	UNIT/ADDRESS	
Jess Fredly	5145	Unil 207
Signature	mplison	
Printed Name	11/101301	
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fail Hundin		PIN NO.
Signature FAITH HUNDAHL	/	10-21-409-077.
Printed Name		
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Signature	COUNTY	
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Printed Name	7	
		<u>'</u>
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listing any additional lien holders)		0.
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Financial Institution Full Name:		
Street/P.O. Box:		
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	<u>UNIT/ADDRESS</u>
mot sto	5155 W. Madison #208
Signature Makoto Sizuki	
Printed Name	
	<u>PIN NO.</u>
Signature	10-21-405-077-1124
Printed Name	TC
Signature	Up.
Printed Name	ME AND ADDRESS: (please add another sheet
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
At Cong	515 6 Madison St # 211 Skukie
Signature J ATIFORN CHITTASIRINUM	
Printed Name	W <u></u>
	PIN NO.
Signature	V 10-21-405-077-1127
Printed Name	
Signature	OUNTY OF
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MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

5155 Madison Street Unit 40
SKOKIE IL 60077
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PIN NO.
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<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
Signature Signature	5155. W. Madison st, unit 405
Printed Name	SKOKIE, IL 60077
Maria	<u>PIN NO.</u>
Signature SUNNY	10-21-405-077-1145
Printed Name	C
Signature	4px
Printed Name	COUNTY CLOSE
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	
Financial Institution Full Name: Street/P.O. Box:	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

Signature HANOLD BOKER Printed Name PIN NO. Signature 10-21-405-077-114
Printed Name PIN NO.
Printed Name PIN NO.
Signature 10.21-405-077-114
OZ
Printed Name
Signature
Signature Printed Name MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS. (Sloses add another above)
MONTONGE ON BIEN HOLDERS WAME AND ADDRESS: Please add another snee
listing any additional lien holders)
Financial Institution Full Name:
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNTR	UNIT/ADDRESS
muchat I De	5155 Midison
Signature Michael Shirldy	5155 Midisos 44; 449
Printed Name	PIN NO.
Signature Chiolos	10-21-405-077-110
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Signature	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

<u>UNIT OWNER</u>	UNIT/ADDRESS
	5155 Madish St. #4/0
Signature CAV10 Fig. 7	,
Printed Name	
Fhalla lev	<u>PIN NO.</u>
Signature JANGELA LEE	10-21-405-077-
Printed Name	
Signature	County
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
To To	5155 madison St.
Signature 7HIHUA CHEV	5155 madison St. Unit 502
Printed Name Signature Printed Wame Printed Wame	PIN NO. 10-21-405-077-1154
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Signature	40x,
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
Charate Ewan geleiter	5155 Madison
Signature HACITO ENANGELISTO	Shokie Il Unit 503
Printed Name	PIN NO.
Signature	10-11-405-077-115
Printed Name	C ₀
Signature	4hx
Printed Name	C/OLINE C/OLINE
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

<u>UNIT OWNER</u>	<u>UNIT/ADI</u>	<u>DRESS</u>	
youngrup Tho	5155	MADISON	#504
Signature Youngsup Cho			
Printed Name	-		
timeae Cho		<u>PIN NO.</u>	
Signature Kyungae Cho		10-21-4	05-077-115
Printed Name			
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Signature	40,	ζ.	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

	UNIT OWNER	UNIT/ADD	RESS	
	dimension	5155	MADISON	#508
	Signature CLEPN	-		
'	Printed Name			
			<u>PIN NO.</u>	
	Signature		V 10-21	1-405-077-11
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UNIT OWNER	UNIT/ADDRESS
Signature NOBERT YUE'S	5155 MADISON ST. UNIT #512 SKOKLE, IL 60077
Printed Name	
	<u>PIN NO.</u>
Signature	10-21-405-077-1164
Printed Name	C
Signature	4hx
Printed Name	County Class
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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Sign	nature Kellu Borchert	<i>*</i>	10-21-405-077-116
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNITOWNEK	<u>UNIT/ADDRESS</u>
Marley That	
Signature, STENKINS &	#604
Printed Name	
Endand Sendins	<u>PIN NO.</u>
Signature Colors	10-21-405-077-1167
Printed Name	
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Signature	4/2×
Printed Name	ME AND ADDRESS. (wilders add an other short
MORTGAGE OR LIEN HOLDERS NAI listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
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City/State/Zip:	
Mortgage Number: _ , .	
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip: Mortgage Number:	

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER	UNIT/ADDRESS
Signature VI Llong Printed Name	5155 Madison St. #607 Skokie, 16 60077
	PIN NO.
Signature	10-21-405-077-1169
Printed Name	C
Signature	Uny,
Printed Name	ME AND ADDRESS: (please add another sheet
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders) Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	IDNI ATE.

RETURN DATE: MAY 1, 2010

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER	UNIT/ADDRESS
Signature WALTER ! GRUENES	5055 MADISON ST UNIT 212 SKOKIE, IL 60077-2572
Printed Name * FLFRIEDE GRUENES Signature Printed Name	10-21-405-1056
WALTER J GRUENES AND ELFRIEDE	Property of the second
GRUENES TRUSTEES OF THE GRUEN REVOCABLE TRUST U/A DTD 5/17/	MAY 0 6 2010
MORTGAGE OR LIEN HOLDERS NAN listing any additional lien holders)	CIBY:
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	DNA ONA
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	· ·

PLEASE SIGN AND RETURN NO LATER THAN MAY 15TH

1101145037 Page: 60 of 137

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MAY 0 5 2010

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

\sim	
UNIT OWNER	<u>UNIT/ADDRESS</u>
Markitte Wald	the state of the s
Signature	5055 MADISON ST. 4.503
YUSHIKO K. KELCH	5KOKIE, IL. 60077
Printed Name	
Provided D. Kill	<u>PIN NO.</u>
Signature O	17575
RONALD D. KELCH	17570
Printed Name	
	C
	0,
Signature	4/2
Printed Name	Colly Class
Tranca (vaine	
	C'/_
MORTGAGE OR LIEN HOLDERS NA	ME AND ADDRESS: (please add another sheet
listing any additional lien holders)	5
Financial Institution Full Name:	(),
Street/P.O. Box:	
City/State/Zip:	
Mortgage Number:	
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip:	
Mortgage Number:	

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UNIT OWNER	UNIT/ADDRESS
u oranichaelone	5055 MADISON #410
Signature MIRKO MIHASLOVIC Printed Name	5055 MADISON #410 SKOKIE 12 GOOTT
Nadia Mihojlovic Signature	<u>PIN NO.</u> 10-21-405-071-1048
NADICA MIHASLOVIC Printed Name	10-21-405-077-1048 VACUME 120
Signature	4/2
Printed Name	VACUME 120
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/AD	<u>DRESS</u>		
Jeaneth of randlin	5055	W. Mac	dison,	SKOKIC 11. 60077
Signature Jeanette G. Franklin	Unit	Ħ 204	Bldg.	H ,
Printed Name				
			<u>PIN NO</u>	<u>.</u>
Signature			10-21.	405.077-1016
Printed Name				
Signature	OUN			
Printed Name				
		C		
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders) Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number: Financial Institution Full Name: Street/P.O. Box:	AE AND AI	ODRESS:	(please	add another sheet
City/State/Zip: Mortgage Number:				
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PLEASE SIG NO LATER T		-	- :	APR 2 9 2010 BY:

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER	UNIT/ADDRESS
albert & Leins	5055 Madison St Unit208
Signature Albert L'heimer Printed Name	5055 Madison St UniT208 SKokie, 12 60077-2572
Meronica A Geiner	PIN NO.
Signature Veronica A. Geine	10-21-405-479-1036
Printed Name	C
Signature	4h.
Printed Name	County
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders) Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWER	UNIT/ADDRESS	
State 2/-	5055 Madison	#305
Signature Deznel	Stokie II	
Printed Name	PINI	
Signature	10-	4-401-077-1022
Printed Name	C	
Signature	OUNT	
Printed Name	J-C/2	
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (ριε	ase add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	Cojumsus on 43	14-466 114-466
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:		
	EN AND RETURN THAN MAY 15 TH	APR 2 9 2010

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UNIT OWNER	<u>UNIT/ADDRESS</u>
1 Lelen Delverman	5055 MADISON
Signature SILVERMAN	
Printed Name	PIN NO.
Signature	
Printed Name	C
Signature	4/2-
Printed Name	
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: (prease add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip:	
Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

UNIT OWNER O O ON A	UNIT/ADDRESS W
mulder Schilleto	5155 W Mad 1801 309
Mallolon & Scallet	SKOKIC, IL 60077
Printed Name	PIN NO.
Signature	10-21-405-077-1/3
Printed Name	C
Signature	County
Printed Name	2
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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	HAN MAY 15 TH BY.
	And the second s

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UNIT OWNER	UNIT/ADDRESS
_ ends sta	5155 MADISON
Signature GERALD SLAVIN	APT. 209
Printed Name	PIN NO.
Signature	
Printed Name	C
Signature	40.
Printed Name	Colly Clary
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip: Mortgage Number:	- C
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>	
Sym A. Myn	5155 Medisonst	
Signature NE A GOSZCZYC	CUI # 606	
Printed Name	PIN NO.	077
Signature	10-21-405-	077-116
Printed Name	C	
Signature	04/10	
Printed Name	County Classical County	
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)		er sheet
Financial Institution Full Name: Street/P,O. Box: City/State/Zip: Mortgage Number:	CHICAGO, IL 6004 01-10192222	1-4399
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:		
•	SIN ANGLER HIRIX	0 6 2010

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UNIT OWNER	UNIT/ADDRESS
Stephen's majeupi	5105 W. Madison St #207
Signature Majery you	Skukie II 60077
Printed Name	
	PIN NO.
Signature	10-21-905-077-1067
Printed Name	
2)	
Signature	4/2×
Printed Name	Coupy
	'On
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name:	0,5
Street/P.O. Box:	
City/State/Zip:	Co
Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip:	•
Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>
Marilyn Serlman	#410
Signature Marilyn Perlman Printed Name	5105 Madison, Shohie 60077
Printed Name	
Alachan Collins	<u>PIN NO.</u>
Signature	
Printed Name	
Signature	County
Printed Name	9
MORTGAGE OR LIEN HOLDERS NA	
listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
	N/A
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip:	
Mortgage Number:	
Financial Institution Full Name:	n/ /a
Street/P.O. Box:	-10 / PT
City/State/Zip: •	
Mortgage Number:	

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<u>UNIT OWNER</u>	UNIT/ADDRESS
Acqueline C. Wacher Signature	5105 MADISON UNITHAID
Signature TACQUELINE TO WAIKER Printed Name	A DININO
Signature	PIN NO. 10-21-405-077-10
Printed Name	Pa 12
Signature	
Printed Name	2 C
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	NO MORTANO
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
PLEASE SIG	GN AND RETURN
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UNIT OWNER	UNIT/ADDRESS
12 A Wells	5055 MADIJONST
Signature BRIAN A DIKELNIY	UNIT 412 Stokie IL 60077
Printed Name	, ,
	<u>PIN NO.</u>
Signature	10-21-405-077-105
Printed Name	
Signature	Colly Colonial Coloni
Printed Name	
	C/O
MORTGAGE OR LIEN HOLDERS NAI	
listing any additional lien holders)	
Financial Institution Full Name:	TOF NATIONE BANK
Street/P.O. Box:	101 E STH ST. SHITE 101
City/State/Zip:	ST. PAUL MN 55/01
Mortgage Number:	0920926205017-2998
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip:	•
Mortgage Number:	

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UNIT OWNER	UNIT/ADDRESS
Mary E. Jerun	-5055 Madison St. 309
Signature / Ferrin	-5055 Madison St. #309 Skokie, II. 60077
Printed Name	
	<u>PIN NO.</u>
Signature	
Printed Name	
	CO.
Signature	40.
Printed Name	9
	C
	Q _A ,
MORTGAGE OR LIEN HOLDERS NAM	ME AND ADDRESS: (please add another sheet
listing any additional lien holders)	Vincas
Financial Institution Full Name:	lorge hase Bank dome Finance
Street/P.O. Box:	Linealn Branch ocogns
City/State/Zip:	1001151016
Mortgage Number:	0687451369
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip:	_
Mortgage Number:	

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UNIT OW'NER	<u>UNIT/ADDRESS</u>
In Kyon Suy.	5155 W. Madison St. Unit #311
Signature Su K. 5:19 Printed Name	SKOKIE IL 60077.
Signature HYANG KYU SUNG Printed Name	<u>PIN NO.</u> 10 - 21 - 405-077-1139
Signature	45.
Printed Name	
MORTGAGE OR LIEN HOLDERS NAI listing any additional lien holders)	ME AND ADDRESS: (please add another sheet BAC Home Loans Servicing LP
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	(Bank of America) PO Box 650070 Dallas Tx 75265-0070 #870946644
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	UNIT/ADDRESS
Maprillent	5055 W. Madison #502
Many Tuillerat	5055 W. Madison #502 Skokie, IZ 60077
Printed Name	PIN NO.
Signature	10-21-405-077-1009
Printed Name	C
Signature	County
Printed Name	
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box:	NONE OF
City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip: Mortgage Number:	

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<u>UNIT CWNER</u>	<u>UNIT/ADDRESS</u>
Explani A	5105 MADISONST
STEPHANIE MOSS	# 301
Printed Name	PIN NO.
Signature	10-21-405-077-1073
Printed Name	C
Signature	
Printed Name	County Chair
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	AME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box:	<u> </u>
City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>
A wit	5155 Madison St. Apt =402
Signature	
Amir Miraret	
Printed Name	PIN NO.
Signature	10-21-405-077-1142
Printed Name	
Signature	
Printed Name	COLINE COL
MORTGAGE OR LIEN HOLDERS NATilisting any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	Wells Fargo Home "Mortgage PO BOX 14411 Des Moines, IA 50506-3411 0147260509
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

PLEASE SIGN AND RETURN

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UNIT OWNER	<u>UNIT/ADDRESS</u>
8	5155 Madison St.
Signature Dutziger	Unit 610 SKOKIE IL 60077
Printed Name	SKOKIE, IL 60077
Taula A. Putzigen	<u>PIN NO.</u>
Signature A. Putaique	10-21-405-677-117
Printed Name	C
Signature	
Printed Name	ME AND ADDRESS. Assessed an other chast
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	N/A O
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>
(Burlow Sill	5155 modison # 510
Signature () () () () () () () () () () () () ()	5155 Madison # 510 Skokie St. 60077
Printed Name	PIN NO.
Signature	10-21-405-077-1162
Printed Name	C
Signature	4hx
Printed Name	ME AND ADDRESS, Staleage add another sheet
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box:	MONE
City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip:	NollE
Mortgage Number:	

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UNIT OWNER,	UNIT/ADDRESS	
Weth pour	# 205T	5155
Signature KICANZ DE SYMLICED		
Printed Name		PIN NO.
Signature		
Printed Name	C	
Signature	Collust	
Printed Name	2	
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)		<i>* *</i>
Financial Institution Full Name: Street/P.O. Box:		0,5
City/State/Zip: Mortgage Number:		
Financial Institution Full Name: Street/P.O. Box:		
-City/State/Zip: Mortgage Number:		•
PLEASE SI	GN AND RETU	RN PROPERTY EX
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UNIT OWNER .	<u>UNIT/ADDRESS</u>
Hazer & Kurselleuch	5155 MADISON ST #312
Signature G. KARSCHNICK	SKOKIE, 12 60077
Printed Name	<u>PIN NO.</u>
Signature	10-21-405-077-1140
Printed Name	
Signature	45.
Printed Name	C/O
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	FIRST AMERICA: BANK P.O. BOX 0794 ELKGROVE VILLAGE, 4. 60009 55916972450
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>
700.	5155-W.MADISON unit 202
Signature NGDUMATIAT KURIAKOSA	E SKOKIE. 1LL.
Printed Name Signature ANNAMMA KURIAKOS Printed Name	PIN NO. 60077.
Signature	
Printed Name	
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	Contrip wide-Prank of America CA6-919-02-03 POBOK- 10211-VAN NUYS Car 914-10-0211
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: - Mortgage Number:	

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER	<u>UNIT/ADDRESS</u>
all wall sunt	5105 MADISON P-
Signature JUDE 5UBY	# 406
Printed Name	PIN NO.
Signature	10-21-405-077-1090 120
Printed Name	C
Signature	COUNTY OF THE PROPERTY OF THE
Printed Name	T C/O
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name:	
Street/P.O. Box: City/State/Zip:	
Mortgage Number:	
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip: - Mortgage Number:	
Mortgage Number.	

PLEASE SIGN AND RETURN NO LATER THAN MAY 15TH

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UNIT OWNER	<u>UNIT/ADDRESS</u>
Quil Hairy	5105 Madison St. #606
Signature HWANE	spokie, IL Goo77
Printed Name	<u>PIN NO.</u>
Signature LYDIA HWANG	10-21-405-077-1112
Signature	
Printed Name	County Ch
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	UNIT/ADDRESS
<u>Eleunore</u> foldsmith Signature	5105 Madison # 408
Signature Eleanore Goldsmith	Skokje, Il 60077
Printed Name	Shonje, 11 60077
	PIN NO.
Signature	10-21-405-077-1092
Printed Name	C
Signature	45.
Printed Name	Colly Clar
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name: Street/P.O. Box;	
City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT CWNER	UNIT/ADDRESS
Ragio Kim	unit 305
Signature RAIMOND W.KI	•
Printed Name	,
Lathy Ini	<u>PIN NO.</u>
Signature KATHY C KIM	10-21-405-077-1077
Printed Name	
Signature	C/ C/
Printed Name	
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	
Financial Institution Full Name:	0,5
Street/P.O. Box:	
City/State/Zip:	
Mortgage Number:	
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip: Mortgage Number:	·

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UNIT OWNER	UNIT/ADDRESS
Arrow Julines	5055 Madison #403
Signature TURNER	SKORIE IL 60077
Printed Name	- 101-1E 1Z 600 / /
Simme Olahisa Rom	WY PIN NO.
Signature	10-71-405-077-10
Printed Name	on
Timed Ivanie	
Signature	OUNT CI
	40×
Printed Name	9
Monmot on on the	6.27
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: please add another sheet
	0.
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip:	11110
Mortgage Number:	
	1
Financial Institution Full Name:	
Street/P.O. Box: City/State/Zip:	
Mortgage Number:	•
PLEASE SIG	N AND RETURN
NO LATER 1	ΓHAN MAY 15 TH MAY 1 4 2010
	i SY.

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UNIT CWNER	UNIT/ADDRESS
Da Midelman	5055 W. Madison St Unit 5/2
Signature ISA Nucleiman	Stokie, II 12077
Printed Name	
	<u>PIN NO.</u>
Signature	10-21-465-077-1659
Printed Name	
	CO.
Signature	4/2-
Printed Name	COUNTY COMMENT
	C ₂
MODECACE OF A FINANCIA CONTRACTOR	
MORTGAGE OR LIEN HOLDERS NA listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name:	Miella Faran Hema Mantenas
Street/P.O. Box:	P.O. Box 84411
City/State/Zip:	Des Thanks Moines, ZA
Mortgage Number:	0134/09873
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip:	
Mortgage Number:	
; <u></u>	
PLEASE SIG	SN AND RETURN

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UNIT OWNER	UNIT/ADDRESS	
Signature Wary Doroshow Printed Name	5/05	Madison
Signature Signature		PIN NO. 10-21-405-07
Printed Name	C	
Signature	40	
Printed Name	ME AND ADDRESS:	
MORTGAGE OR LIEN HOLDERS NA. listing any additional lien holders)	ME AND ADDRESS:	please add another sheet
Financial Institution Full Name: Street/P.O. Box:	<u>\</u>	<u>O, , , , , , , , , , , , , , , , , , , </u>
City/State/Zip: Mortgage Number:		
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:		

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MAY 20 2010

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<u>UNIT OWNER</u>	UNIT/ADDRESS
Chulle G Benanco Signature	5155 W. Madison Street #302
Tolle A Bezones Printed Name	Skokie, IL 60077
	PIN NO.
Signature	10-21-405-077-1130
Printed Name	
Signature	County Co
Printed Name	
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name: Street/P.O. Box:	Glenview Stop Bank
City/State/Zip: Mortgage Number:	SOO Warkegan Boad Glenwew, IL 60025 · 3079252
Financial Institution Full Name:	
Street/P.O. Box: City/State/Zip:	
Mortgage Number:	

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MAY 20 2010

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<u>UNIT O</u>	7(UNIT/ADDRESS	<u>s</u>
In the market	27 1/24	A down	3098 Midian
Signatur	e	shirt .	
Printed I	Name compromise of the		
14 4 16 0 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	12 Stellapper affects.	altris	<u>PIN NO.</u>
Signatur	e		10-21-405-077-1017
Printed I	Name		
Signatur	e	OUNTY O	
Printed 1	Name	TO C	
MORTG listing ar	AGE OR LIEN HOLDERS NAM y additional lien holders)	ME AND ADDRES	SS: please add another sheet
St C:	nancial Institution Full Name: reet/P.O. Box: ity/State/Zip: ortgage Number:		NA Ox
St Ci	nancial Institution Full Name: reet/P.O. Box: ty/State/Zip: ortgage Number:		1/1

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UNIT OWNER	UNIT/ADDRESS
and Haus	5055 Madison # 616
Signature Anne Kraus	
Printed Name	
Mhp 6	PIN NO.
Signature ACAN FILAS	10-21-405-076-
Printed Name	
Signature	County Co
Printed Name	
	(C)
MORTGAGE OR LIEN HOLDERS NAI	ME AND ADDRESS: please add another sheet
listing any additional lien holders)	"S
Financial Institution Full Name: Street/P.O. Box:	P.O. Box 650070
City/State/Zip:	Dalley, Texas 7526-0070
Mortgage Number:	- 213565471
Et al. 1 Years and a second	
Financial Institution Full Name: Street/P.O. Box:	
- City/State/Zip:	
Mortgage Number:	

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UNIT OWNER	UNIT/ADDRESS
Myrra Wrow	5055 Madison #601
Signature O MYRNA URKOV Printed Name	SKONIE ILL. 60077
Frinted Name	PIN NO.
Signature	10-21-405-077-1005
Printed Name	C
Signature	940
Printed Name	COUNTY C/O
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name: Street/P.O. Box:	<u>O,Sc.</u>
City/State/Zip: Mortgage Number:	<u></u>
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	

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UNIT OWNER	<u>UNIT/ADDRESS</u>
Har Work	Unit 302 5055 14ADISON FL
Signature Wolff	SKOKIE 1660077
Printed Name	
	PIN NO.
Signature	10-21-465-061-1007
Printed Name	
	OUNTY O
Signature	45.
Printed Name	9
	C ₂
MORTCACE OF LIEN HOLDERCALA	
MORTGAGE OR LIEN HOLDERS NAI listing any additional lien holders)	ME AND ADDRESS: please add another sheet
Financial Institution Full Name:	ASTORIA FEDERAL STEERING
Street/P.O. Box:	1 Curporate ORIVE CVITE 360
City/State/Zip: Mortgage Number:	LAKE TURKH-611-62647-8945
Financial Institution Full Name:	
Street/P.O. Box:	
City/State/Zip: Mortgage Number:	•
0.0	

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MAY 2 0 2010

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UNIT CWNER	UNIT/ADDRESS
Jellen Cowan	5155 W. MADISON #210
Signature JILLIAN COWAN	SKOKIE 11. 60077
Printed Name	PIN NO.
Signature	10-21-405-077-1126
Printed Name	
Signature	40.
Printed Name	County Class
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders) Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	
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MAY 24 2010

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UNITOVNER	<u>UNIT/ADDRESS</u>
Samuel Joanwall	5155 Madison Place
Signature SAMUELLA LOSENWALD Printed Name	5155 MADISON PLACE #204
Timted (vaine	PIN NO.
Signature	
Printed Name	
Signature	OUNTY C
Printed Name	
MORTGAGE OR LIEN HOLDERS NAM listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box:	
City/State/Zip: Mortgage Number:	
Financial Institution Full Name:	

RETURN DATE:

MAY 1, 2010

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UMIT OWNER	<u>UNIT/ADDRESS</u>
Jorge Anovan	5105 MADISON UNIT 209
Signatur Tonge h. SUAREZ Printed Name	5105 MADISON UNIT 209 SKOKIE, IL 60077
Constancia Succes	<u>PIN NO.</u>
Signature ONSTANCIA M. SUANO Printed Name	10-21-405-076-106
Signature NA Printed Name	Per Jones Aprel
MORTGAGE OR LIEN HOLDERS NAT listing any additional lien holders)	ME AND ADDRESS: (please add another sheet
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	NON-
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	NONC.

RETURN DATE:

MAY 1, 2010

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UNIT OWNER	<u>UNIT/ADDRESS</u>		
MUONO A MARTHAN Signature ALVARO H CUELLAR Printed Name	Alvaro Cuellar 5105 Madison St Unit 604 Skokie IL 60077-5230		
Jue Wa Guollow Signature	<u>PIN NO.</u> 10:-21-405-077-1111		
711ELVIT CUELLAR Printed Name			
Signature			
Printed Name MORTGAGE OR LIEN HOLDERS NAM			
listing any additional lien holders)	A Table and another sheet		
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:	CHASE BANK 18 800 FAST STATE H CHWAY 1218 YPG LEWISVILLE TX 75067-4180 1974161220		
Financial Institution Full Name: Street/P.O. Box: City/State/Zip: Mortgage Number:			

RETURN DATE:

MAY 1, 2010

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UNIT CWNER	UNIT/ADDRESS		
Jon John	<u> 5055</u>	tredison	wif 310
Signature John Crah			
Printed Name			
		PIN]	NO.
Signature			
Printed Name			
Signature	U/D*		
Printed Name	Golfy AND ADD	0/0	
MORTGAGE OR LIEN HOLDERS NAM	ME AND ADD	RESS: (ple	ease add another sheet
listing any additional lien holders)		"3	STEEL GEROMET STREET
Financial Institution Full Name: Street/P.O. Box:			0/5/-
City/State/Zip:			
Mortgage Number:			
Financial Institution Full Name:			
Street/P.O. Box:			
City/State/Zip: Mortgage Number:			
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