

FOR 1986

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ANNUAL REPORT
GENERAL NOT FOR PROFIT CORPORATION ACT
SECRETARY OF STATE OF ILLINOIS

FILE NO. 87068655
N 5198-880-9

DO NOT WRITE IN THIS SPACE
13 3

Annual Report Filing Fee \$ 5.00
Annual Report with Change of Agent or Office \$10.00

JAN 14 1987

JIM EDGAR
Secretary of State

5/16
page

- 1.) ARLINGTON GROVE CONDOMINIUM ASSOCIATION
c/o BARRY J. HAYES
25 N. NORTHWEST HIGHWAY
PARK RIDGE, IL 60068

Is this corporation a Condominium Association?

- 2.) CHANGES ONLY Registered Agent MICHAEL J. COZZI ✓
Registered Office 605 E. Algonquin Rd. #440 ✓
City, County, IL Zip Arlington Heights, IL (Cook County) ✓

The above change was duly authorized by resolution of the board of directors. The address of the registered office and the address of the office of the registered agent, as changed, will be identical. THE ADDRESS OF THE REGISTERED OFFICE MUST INCLUDE A STREET NUMBER. A P.O. BOX MAY ONLY BE USED IN ADDITION THERETO.

- 3.) The above corporation organized under the laws of the state of _____, pursuant to the provisions of "The General Not for Profit Corporation Act" of the State of Illinois, hereby makes the following report:

- 4.) The names and respective addresses of its officers and directors are:

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
Floyd Nelson	President	624 Stephen Drive,	Palatine,	IL.	60067
Sylvia Matczak	Secretary	6 N. 748 Pine St.,	Bensenville,	IL.	60106
Ahmed Khan	Treasurer	162 Pauline Street,	Elgin,	IL.	60120
James Vance	Director	717 S. Stone,	LaGrange,	IL.	60525
John Samuel	Director	241 Osage,	Buffalo Grove,	IL.	60090
Tnelma Yuen	Director	2232 Ironbols Road,	Wilmette,	IL.	60091

NOTE: List all 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:

Operation and management of condominium association

- 6.) If a foreign corporation, the address of its principal office in the state of its incorporation is:

(Number and Street)

(State or Country)

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

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, has been examined by me and is, to the best of my knowledge and belief, true and correct, and complete.

BY Floyd Nelson President 5/22/86
(Authorized Officer's Signature) (Title) (Date)
(Pres. or V. Pres. required if changes listed in 2)

ATTEST Sylvia H Matczak Secretary 5/27/86
(Secretary's or Ass't. Secretary's Signature) (Title) (Date)
required only if changes listed in 2)

FORM C-54.12

THIS REPORT MUST BE SIGNED

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MICHAEL J. COVA
605 E ALGONQUA RD. #440
ARLINGTON HEIGHTS, IL 60005

