FOR 1991

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GENERAL NOT FOR PROFIT CORPORATION ACT 3

N 5017-662-2

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ADD:\$3.00 PENALTY LATE FILING

SECRETARY OF STATE OF ILLINOIS

FILING FEES

Annual Report

Annual report with Change of Agent or Office

\$131.00 DERT-01 RECORDING

DO NOT WRITE IN THIS SPACE

TRAN 4281 04/03/91 15:34:00

*-91-150392 #1980 # H

CODK COUNTY RECORDER

Secretary of State

FEB 0 6 1991

% CATHY ZIEMBA 83A N LIVELY

ELK GROVE VILLAGE, IL.

CHANGES ONLY. Registered Agent Ragistered Office

City, County, IL Zip Code

COOK

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 REGIS-TERED OFFICE MUST INCLUDE A STREET NUMBER. A P.O. BOX MAY ONLY BE USED IN ADDITION THERETO.

- The above corporation organized under the laws of the state of ILLINOIS , pursuant to the provisions of "The General Not for Profit Corporation Act" of the State of Illinois, hereby makes the following report:
- The names and respective addresses of its officers and directors are:

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
SUSAN KAACK	President	1326 ALPine C+ 1	Wheeling	IL	60090
DIANE BOCHNIAK	Secretary		WHEELING	14	60000
DONNA BUDZINSKI	Treasurer		HEELING	14	60090
	Director	10.			
	Director				***
	Director				بممر

NOTE: List all directors above or list them on an additional sheet: Illinois corporations must have three directors.

- The following is a brief statement of the character of the affairs which the corporation is actually conducting:
- Is this corporation a Condominium Association as established under the Condominium Fre perty Act?

(Check One)

Is this corporation a Cooperative Housing Corporation defined in Section 216 of the Internal Revenue Code of 1954?

Yes 🗀

(Check one)

Is this a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the Code of Civil Procedure?

Yes

No D

(Check one)

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)

8.) BY

(Authorized Officer's Signature)

ITEM 8 MUST BE SIGNED

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