	UN	<b>IOF</b> F	ANNUAL REPORT	OP'	<b>Y</b> 9370	14559
FOR	The got to have the second		T FOR PROFIT CORPORATION			10 Oc
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	. o		Annual Report Filing Fee \$ 5.00 Change of Agent or Office \$10.00			
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-1	CORPORATE NAME SPRIN	C MILL	TOWNHAMOS +	ASSOCI	ATTON	
	CORPORATE NAME OTKIN REGISTERED AGENT	GIMILL	. 10001411CMTC 5 ; 7		4 9 1 14 .	
			HY MINE SHE OF HE	~ nw0.4	ra ra 🕽	<i>;</i>
(	REGISTERED OFFICE CITY, STATE, ZIP CODE	a againmean S	The six that have the leader	93704	330	•
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2.) (	CHANGES CALV. Registered Age	ent CARYI	N"S GARDNER	X	F	07 11
2.) CHANGES CALY Registered Agent CARYN S GARDNER X FOLLY Registered Office 937 S ROSELLE ROAD CIV County, IL Zip Code SCHAVMBURG JA 60193						JIVW JI
	Cilv. County, I	L Zip Coda <i>5</i> 6	CHANNIBURG PAL	- 6017	5	
٦	The above change was only au	thorized by res	solution of the board of direc	tors. The ad-	dress of the	registered office
	and the address of the office of					
7	TERED OFFICE MUST INCLUOR	A STREET NUI	MBER. A P.O. BOX MAY <u>ONLY</u>	BE USED IN	ADDITION TH	ERETO.
3.) 1	The above corporation organized (	ur der the laws o	of the state of and as a grant of	tana menjegarak	and the second second	, pursuant to the
F	provisions of "The General No	t for Profit C	orporation Act" of the State	of Illinois,	hereby make	s the following
r	eport:					
4.) 7	The names and respective address	ses of its office	s and directors are:	in the state of		
	NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
MAR		President	376 COMPTEN	Hothman	ESTA TES	IC 60194
	AN CRAWTURD	Secretary	372 JUNIPIR TREE	<u> </u>		11 /1
Vice.	TON LOCKETT	Treasurer Director	370 WILLOW TRACE OF	<u> </u>		
	PICK HENE SHAN	Director	937 SPRING /11: DA.		11	/,
JAN		Director	375 DAK TREE CT	11		*
NOTE	: List all directors above or list	them on an add	litional sheet: Illinois curporatio	ns must have	three directors	5
5.) 7	The following is a brief statement	of the characte	r of the affaire which the normal	atus is astus	the annualization	
or) i			of the analis which the corpor	iation is actua	ну сопайснид	چ
6.) l:	s this corporation a Condominium	a Association a	s established under the Condon	ninium Scool	ty Act2	37
,	Yes No 🗘		g the light of the grant through the		1) // (1)	ō,
		·				937045
19	s this corporation a Cooperative I	-	ration defined in Section 216 of	the Internal R	evenue 2nde (	of 1954? U
	Yes No No	(Check one)				<i>,</i> -
(9	s this a Homeowner's Association	which adminis	ters a common-interest commo	nitu se dalina	t in subsection	199
	of Section 9-102 of the Code of Ci			DEPT-01 REC		\$23.50
	Yes 💢 No 🗆	(Check one)				3/93 10:01:00

Is this a Homeown of Section 9-102 o Yes X 40787 \$ 7.) If a toreign 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)

BY

Crawford (Secretary's or Ass't, Secretary's Signature) (required Only if changes listed in 2)

d agent and or office pursuant to provisions of the Frofit Corporation Act, has been examined by me i

Under the General Net Fo Riplit Corporation At this flowed Report must be properly executed and filed in the Office of the Secretary of State prior to the first day of the corporation's anniversary month each year. If filed on time, a filing fee of \$5.00 only is required by statute. If filed later, a statutory penalty of \$3.00 must be added.

This pre-addressed Report must be properly completed and submitted to the Office of the Secretary of State.

- \* Paragraph 1: If any portion of the preprinted information does not agree with your records, you must complete Paragraph 2 or file appropriate amendment in event of corporation name change. The corporation cannot act as its own registered agent. The registered office may be, but need not be, the same as its principal office, but the registered office and the address of the registered agent must be the same and must be located in the State of Illinois. Any subsequent change in the registered office or agent must be reported to the Secretary of State on blanks furnished for that purpose.
- \* The information requested must be given as of the date of the execution of this report.
- \* This report must be signed by an authorized officer of the corporation.
- \* If this report is not filled, the corporation, if domestic, is subject to dissolution or if foreign, is subject to having its authority revoked.

## **DEFINITIONS**

"Anniversary" means that you each year process on or more years after:

- (1) The date on the conditions of incorporation issued under Section 102.15 of this Act, in the case of a domestic corporation;
- (2) The date on the certificate of authority issued under Section 113.20 of this Act, in the case of a foreign corporation.

"Anniversary month" means the month in which the anniversary of the corporation occurs.

## NOTICE

QUESTION NUMBER 6 MUST BE ANSWERED Failure to answer any question may result in late penalty, involuntary dissolution or revocation.

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Department is substress Services

Secretar: \$1...;ate

Springfield, it. 62756

Telephone (217) 782-7808

Make checks payable to Secretary of State