## FORM BCA-5.16 NO FATENCIA CHANGE NFP-105.10

**AND/OR REGISTERED OFFICE** 

Flo # N 5296-289-7

(Rev. Jan. 1991)

George H. Ryan Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647

Romit payment in check or money

SEP 28 1994

GEORGE H. RYAN SECRETARY OF STATE SUBMIT IN DUPLICATE

This space for use by Secretary # Blate

Date

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Dated SEPTEMBER 12  19, 94  BLACK OAKS EAST CONDOMINIUM ASS'N.  (Exact Name of Corporation)  (Signature of Secretary or Assistant Secretary)  (Signature of President or Vice President)  MARGARET A, CHAMBERS (SECRETARY)  (Type or Print Name and Title) (TREAS)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT. 12, 1994  19, Mayout A.	order, payable to "Secretary of State."		Approved:	111
3. Name and address of the registered agent and registered office as they appear on the records of the office of the Secretary of State (before change) (ANNAMEMENT MICTERS) (ANNAMEMENT MICTERS) (ANNAMEMENT MICTERS) (ANNAMEMENT MICTERS) (ANNAMEMENT) (ANAMEMENT) (ANNAMEMENT) (ANNAMEMENT) (ANNAMEMENT) (ANNAMEMENT) (ANAMEMENT) (ANAMEME	1. CORPORATE NAME: BLACK O	AK# RAST CONDOMIA	IIUM ASSOCIATION	e man mag tal manademan and and an analysis decomposition and an analysis and
of the Secretary of State (Defore change) Internal Park True Note Registered Agent State (Defore change) Internal Note Registered Agent State (Defore change) Internal Note Registered Office 8102 M. 219th ST. Stend Sulto No. (A P.O. Box nione is not acceptable) PALOS P.RY GO464 COOK County  4. Name and address of the registered agent and registered office shall be (after all changes herein reported);  Registered Agent MARGARET ANN CHAMBERS (DOK LAWN, III, GO453 COOK County)  5. The address of the registered office and the address of the business office of the park of the registered office and the address of the business office of the park of the p	2. STATE OR COUNTRY OF INCORP	POMATION: ILLI	EIONI	
Registered Agent	3. Name and address of the registered of the Secretary of State (ve fore charge)	agent and registered officinge):	ce as they appear on the received.	ecords of the office
Registered Office 8102 W. A 9th ST.  Number PALOS P.RS 60464 COOK  All County  4. Name and address of the registered agent and registered office shall be (after all changes heroin reported);  Registered Agent MARGARET First Name  Registered Office 10336–40 KEATING AVIE  Number Site N Sulte No. (A P.O. Box alone is not acceptable)  OAK LAHN, II. 60453 COOK  City Zip Code  OAK LAHN, II. 60453 COOK  City Zip Code  OAK LAHN, II. 60453 COOK  City Zip Code  The address of the registered office and the address of the business of the president agent, as \$23 changed, will be identical.  The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors.  b. By action of the registered agent. (Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12 19, 94 BLACK OAKS EAST CONDOMINIUM ASSIN.  (Exact Name of Corporation)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT.12.1994 19, Margart A.	Registered Agent MICHA	EL TIME	BUTLER	altorial and discoverability years you are so such a larger when you
4. Name and address of the registered agent and registered office shall be (after all changes herein reported):    Registered Agent	Registered Office 8102 W. Number	119th ST.	Sulla No. (A P.O. Box alc	one is not acceptable)
Registered Office 10336-40 KEATING 7-VIE.  Number Strein Suite No. (A P.O. Box alone is not acceptable)  OAK LAWN, II. 60453 COOK  City Zip Code County  5. The address of the registered office and the address of the business (\$1000 \text{P} \text	City	Zip Code	9	County
OAK LAWN, TL 60453 COOK  City Zip Code County  5. The address of the registered office and the address of the business office of the Light Registered agent, as 423 changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors. (Note 5)  b. By action of the registered agent. (Note 6)  NOTE: When the registered agent changes, the signatures of both president and secretary are required.  7. (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of the whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12 19, 94 BLACK OAKS EAST CONDOMINIUM ASS'N.  (Exact Name of Corporation)  MARGARET A, CHAMBERS (SECRETARY) ALBERT L. LEVIN (PRES)  (Type or Print Name and Title) (TREAS) (Type or Print Name and Title) (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT. 12. 1994 19. (August A. August A.	First Name	W.Jdie Nai	me L	
5. The address of the registered office and the address of the business (flice of the transferred agent, as \$23 changed, will be identical.  6. The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors.  b. By action of the registered agent.  NOTE: When the registered agent changes, the signatures of both president and secretary are required.  7. (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12  19. 94  BLACK OAKS EAST CONDOMINIUM ASS'N.  (Signature of President)  (Signature of President)  (Signature of President)  (Type or Print Name and Title) (TREAS)  (Type or Print Name and Title) (TREAS)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT. 12. 1994  19. Mayunt A Ma	Registered Office 10336-Number	Strest		ne is not acceptable)
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6. The above change was authorized by: ("X" one box only)  a. By resolution duly adopted by the board of directors. (Note 5)  b. By action of the registered agent. (Note 6)  NOTE: When the registered agent changes, the signatures of both president and secretary are required.  7. (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12  19. 94  BLACK OAKS EAST CONDOMINIUM ASS'N.  (Exact Name of Corporation)  (Signature of President)  (Signature of President)  (ALBERT L. LEVIN (PRES)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT.12,1994  19. (August 4 Livenity)  (Note 5)  (Note 5)  (Note 5)  (Note 5)  (Note 6)  (Note 6)  The undersigned of directors, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.		and the address of the	. 1 6606 TRAN 9	202 03/24/95 11:35:00
NOTE: When the registered agent changes, the signatures of both president and secretary are required.  7. (If authorized by the board of directors, sign here. See Note 5)  The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12 19, 94 BLACK OAKS EAST CONDOMINIUM ASS'N.  (Exact Name of Corporation)  (Exact Name of Corporation)  MARGARET A, CHAMBERS (SECRETARY) (Signature of President)  (Type or Print Name and Title) (TREAS) (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT.12,1994 19, Margart 4 (Livenium)	a. 🖫 By resolution duly adopted by	the board of directors.	- CUBK COUNTY (Note 5)	
The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true.  Dated SEPTEMBER 12 19, 94 BLACK OAKS EAST CONDOMINIUM ASS IN.  (Exact Name of Corporation)  (Exact Name of Corporation)  (Signature of President or Vice President)  (Signature of President)  (Authorized Office President)  (Signature of President or Vice President)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT.12,1994 19, Many A. Many	NOTE: When the registered agent change	es, the signatures of both	president and secretary a	ro required.
attested by Marine of Secretary or Assistant Secretary)  (Signature of Secretary or Assistant Secretary)  (Signature of President or Vice President)  (Signature of President or Vice President)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT.12.1994  19, Marine A. Marine A	The undersigned corporation has caus	sed this statement to be si	gned by its duly authorized	
(Signature of President or Vice President)  MARGARET A, CHAMBERS (SECRETARY)  (Type or Print Name and Title)& (TREAS)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  Dated SEPT. 12, 1994  19, May L. L. LEVIN (PRES)  (Signature of President or Vice President)  ALBERT L. LEVIN (PRES)  (Type or Print Name and Title)  (If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.	$\mathcal{M}_{\bullet}$ + 0.01	1 1. 600		
(If change of registered office by registered agent, sign here. See Note 6)  The undersigned, under penalties of perjury, affirms that the facts stated herein are true.  DatedSEPT.12,199419,	(Signature of Secretary or Assistant Sec MARGARET A, CHAMBERS (	SECRETARY)	ALBERT L. LEVIN	(PRES)
7   100		l agent, sign here. See No		
MARGARET A. CHAMBERS-BLACK OAKS EAST CONDO	DatedSEPT.12.1994	, · · · · · · · · · · / · · · · · · · / · · · · · · · / · · · · · · · · · / · · · · · · · · / · · · · · · · · / · · · · · · · · · · · · · · / · · · · · · · · · · / ·	Signature of Registered Agont of He A. CHANBERS—BLACK	ocord) OAKS EAST CONDO

## **UNOFFICIAL COPY**

## NOTES

- The registered office may, but need not be the same as the principal office of the corporation. However, the 1. registered office and the office address of the registered agent must be the same.
- The registered once must include a street or road address, a post office box number alone is not acceptable. 2.
- A corporation cannot acres its own registered agent. 3.
- If the registered office is changed from one county to another, then 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 the Secretary of State.
- Any change of registered agent must be by resolution adopted by the board of directors. This statement must then be signed by the president (or vice-prevident) and by the secretary (or an assistant secretary).
- The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered The Clark's Office agent.

C-135.9