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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37179** (9)
1. Corporation Name
FAIRVIEW VILLAS PARTNERS, INC.

Principal Place of Business Mailing Address
4849 GOLF ROAD SKOKIE IL 60077 **4849 GOLF ROAD SKOKIE IL 60077**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2355 Waukegan Rd.		26 2355 Waukegan Rd.		01/21/1992		05/01/1994	
22 Suite, Apt. #, etc. Suite A200		27 Suite, Apt. #, etc. Suite A200		4. FBI Number		Applied For	
23 Bannockburn, IL		28 Bannockburn, IL		36-3728553		Not Applicable	
24 60015		29 60015		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C/P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, THOMAS E.	1.2 NAME	
STREET ADDRESS	4849 GOLF RD.	1.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY- ST- ZIP	SKOKIE IL	1.4 CITY- ST- ZIP	Bannockburn, IL 60015
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGLE, JERRY M	2.2 NAME	
STREET ADDRESS	4849 GOLF ROAD	2.3 STREET ADDRESS	2355 Waukegan Road, Suite A200
CITY- ST- ZIP	SKOKIE IL	2.4 CITY- ST- ZIP	Bannockburn, IL 60015
TITLE	V	3.1 TITLE	SV/CFO/T/Asst. S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTZ, ROBERT H., JR.	3.2 NAME	Brian D. Parker
STREET ADDRESS	4849 GOLF RD.	3.3 STREET ADDRESS	2355 Waukegan Rd, Suite A200
CITY- ST- ZIP	SKOKIE IL	3.4 CITY- ST- ZIP	Bannockburn, IL 60015
TITLE	VCTS	4.1 TITLE	EV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, ALLAN	4.2 NAME	
STREET ADDRESS	4849 GOLF RD.	4.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY- ST- ZIP	SKOKIE IL	4.4 CITY- ST- ZIP	Bannockburn, IL 60015
TITLE	V	5.1 TITLE	SV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRA, GINO A.	5.2 NAME	Daniel A. Duhig
STREET ADDRESS	4849 GOLF RD.	5.3 STREET ADDRESS	2355 Waukegan Rd, Suite A200
CITY- ST- ZIP	SKOKIE IL	5.4 CITY- ST- ZIP	Bannockburn, IL 60015
TITLE	V	6.1 TITLE	SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, ALEXANDER J.	6.2 NAME	
STREET ADDRESS	4849 GOLF RD.	6.3 STREET ADDRESS	2355 Waukegan Rd, Suite A200
CITY- ST- ZIP	SKOKIE IL	6.4 CITY- ST- ZIP	Bannockburn, IL 60015

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment, my address.

SIGNATURE: Gerry M. Ogle Vice Pres. & Secretary 4-21-95 (688) 677-2900
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Month/Year)

PS 179

ADDITIONAL OFFICERS

Senior Vice President
Senior Vice President

Josette Goldberg
Alan Lieberman

The address of record for the above officers is:

Bannockburn Lake Office Plaza
2355 Waukegan Road
Suite A200
Bannockburn, Illinois 60015