

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002404

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** TAMPA UNIVERSITY PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

900 CLARK STREET  
EVANSTON, IL 60201

**New Principal Place of Business:**

20900 NE 30TH AVE  
SUITE 311  
AVENTURA, FL 33180

**Current Mailing Address:**

900 CLARK STREET  
EVANSTON, IL 60201

**New Mailing Address:**

20900 NE 30TH AVE  
SUITE 311  
AVENTURA, FL 33180

**FEI Number:** 20-2178704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ESJ CAPITAL PARTNERS LLC  
20900 NE 30TH AVENUE  
SUITE 311  
AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARNAUD SITBON

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SITBON, ARNAUD  
Address: 20900 NE 30TH AVENUE SUITE 311  
City-St-Zip: AVENTURA, FL 33180

Title: DST  
Name: WAYSON, SARA M  
Address: 2 TAMPA GENERAL CIRCLE, 5TH FLOOR  
City-St-Zip: TAMPA, FL 33606

Title: DVP  
Name: AMIEL, GABRIEL  
Address: 20900 NE 30TH AVENUE SUITE 311  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARNAUD SITBON

DP

04/29/2011

Electronic Signature of Signing Officer or Director

Date