

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90033 042 ***150.00

DOCUMENT # P99000108329

1. Entity Name
CALIFORNIA PLAZA AT WALNUT CREEK, INC.



Principal Place of Business
1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

Mailing Address
1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

50034759



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3613583

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD., STE.600
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing, Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD., STE.600
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100
CITY-ST-ZIP

TITLE DVAS ☐ Delete
NAME SMITH, JEFFREY L
STREET ADDRESS 1801 HERMITAGE BLVD SUITE 100
CITY-ST-ZIP TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVAT ☐ Delete
NAME GRAY, LYNNE M
STREET ADDRESS 1801 HERMITAGE BLVD., STE.600
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME SMITH, ROGER E
STREET ADDRESS 191 N. WACKER DR., SUITE 2500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME MCCARTHY, THOMAS
STREET ADDRESS 191 N WACKER DR., SUTE 2500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VAS ☐ Delete
NAME FERRANTE, ANTHONY M
STREET ADDRESS 191 N. WACKER DR.; SUITE 2500
CITY-ST-ZIP CHICAGO, IL 60606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Greg M. Phil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05
Date

312-855-5700
Daytime Phone #