

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000116377

**Entity Name:** SHOPS AT SADDLE CREEK, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE, FL 32308

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC5453316168**

**Current Mailing Address:**

191 N WACKER DRIVE  
SUITE 2500  
CHICAGO, IL 60606

**FEI Number: 05-0590697**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
FORT LAUDERDALE, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VAS  
Name PROCTOR, TOM  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VAT  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title V  
Name HUDGINS, MARK S  
Address 191 NORTH WACKER DRIVE, SUITE  
2500  
City-State-Zip: CHICAGO IL 60606

Title VS  
Name MCCARTHY, THOMAS D  
Address 191 N. WACKER DR., SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VT  
Name CHRISTENSEN, LAWRENCE J  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title P  
Name TOGNARELLI, MAURY R  
Address 191 N WACKER DRIVE  
SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title D  
Name HAZEN, MAUREEN  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS D. MCCARTHY**

**VP & SECRETARY**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name TAYLOR, LAMAR  
Address 1801 HERMITAGE BLVD  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308