2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014279

Entity Name: 8650 VILLA LA JOLLA, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD.

SUITE 600

TALLAHASSEE, FL 32308

Current Mailing Address:

191 N WACKER DRIVE

SUITE 2500

CHICAGO, IL 60606 US

FEI Number: 59-3438091 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, 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

FILED Apr 24, 2015

Secretary of State

CC5723452318

Officer/Director Detail:

Title Title VT

CHRISTENSEN, LAWRENCE J Name TOGNARELLI, MAURY R Name

Address 191 N WACKER DRIVE, SUITE 2500 Address 191 N WACKER DRIVE

SUITE 2500

DIRECTOR

City-State-Zip: CHICAGO IL 60606 CHICAGO IL 60606 City-State-Zip:

Title VAS

Title VAT Name HUDGINS, MARK S

GRAY, LYNNE M Name Address 191 N. WACKER DRIVE, SUITE 2500

1801 HERMITAGE BLVD. Address CHICAGO IL 60606

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip:

Title D

Title Name SPOOK, STEPHEN A

Name MCCARTHY, THOMAS D Address 1801 HERMITAGE BLVD #600

191 N. WACKER DRIVE, SUITE 2500 Address

Title

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: CHICAGO IL 60606

Title **DIRECTOR**

HAZEN, MAUREEN Name Name TAYLOR, LAMAR

1801 HERMITAGE BLVD. Address Address 1801 HERMITAGE BLVD. SUITE 600

SUITE 600

TALLAHASSEE FL 32308

City-State-Zip: City-State-Zip: TALLAHASSEE FL 32308

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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

VICE PRESIDENT & **SECRETARY**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title ۷P

Name $\mathsf{BOLLMAN}, \mathsf{TED}$

1801 HERMITAGE BLVD. SUITE 600 Address

City-State-Zip: TALLAHASSEE FL 32308