2016 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

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

Officer/Director Detail :

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	Title	Ρ	Title	VT
	Name	TOGNARELLI, MAURY R	Name	CHRISTENSEN, LAWRENCE J
	Address	191 N WACKER DRIVE, SUITE 2500	Address	191 N WACKER DRIVE SUITE 2500
	City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	
	Title	VAS	Title	VAT
	Name	HUDGINS, MARK S	Name	GRAY, LYNNE M
	Address	191 N. WACKER DRIVE, SUITE 2500	Address	1801 HERMITAGE BLVD.
	City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	TALLAHASSEE FL 32308
	Title	D	Title	VS
	Name	SPOOK, STEPHEN A	Name	MCCARTHY, THOMAS D
	Address	1801 HERMITAGE BLVD #600	Address	191 N. WACKER DRIVE, SUITE 2500
	City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	CHICAGO IL 60606
	Title	D	Title	D
	Name	HAZEN, MAUREEN	Name	- TAYLOR, LAMAR
	Address	1801 HERMITAGE BLVD. SUITE 600	Address	1801 HERMITAGE BLVD. SUITE 600
	City-State-Zip:	TALLAHASSEE FL 32308	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

VP & SECRETARY

04/14/2016

Electronic Signature of Signing Officer/Director Detail

FILED Apr 14, 2016 Secretary of State CC3196756297

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	VP
Name	BOLLMAN, TED
Address	1801 HERMITAGE BLVD. SUITE 600
City-State-Zip:	TALLAHASSEE FL 32308