

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014279

Entity Name: 8650 VILLA LA JOLLA, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD.
SUITE 100
TALLAHASSEE, FL 32308

FILED
May 03, 2024
Secretary of State
8844906502CC

Current Mailing Address:

110 N.WACKER DRIVE
SUITE 4000
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

Officer/Director Detail :

Title P
Name TOGNARELLI, MAURY R
Address 110 N.WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VT
Name CHRISTENSEN, LAWRENCE J
Address 110 N.WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

Title VAS
Name HUDGINS, MARK S
Address 110 N.WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

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

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

Title VS
Name MCCARTHY, THOMAS D
Address 110 N.WACKER DRIVE
SUITE 4000
City-State-Zip: CHICAGO IL 60606

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

Title D
Name FOOTE, CHAD
Address 1801 HERMITAGE BLVD.
SUITE 600
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: MARK S HUDGINS

VICE PRESIDENT

05/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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