

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000094930

Entity Name: TM OYSTER HARBOR, LLC**Current Principal Place of Business:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251 US**FEI Number:** 47-1095557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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

Authorized Person(s) Detail :

Title MANAGER
Name TAYLOR MORRISON OF FLORIDA, INC.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY
Name MERRILL, S. TODD
Address 3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip: TAMPA FL 33607

Title SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name SHERMAN, DARRELL C.
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name LONGENECKER, CAMMIE L.
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name PALKA, RUSSELL
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title CFO, EXECUTIVE VICE PRESIDENT
Name VANHYFTE, CURTIS ("CURT")
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA

ASSISTANT SECRETARY 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP
Name	SORENSEN, ANDREW ("ANDY")
Address	551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip:	SARASOTA FL 34232
Title	VICE PRESIDENT
Name	MCCHESNEY, VALERIE
Address	WALDROP BUILDING, 28100 BONITA GRANDE DRIVE SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34135
Title	ASST. SECRETARY
Name	MCNEIL, CHRISTY A.
Address	6440 OAK CANYON SUITE 200
City-State-Zip:	IRVINE CA 92618
Title	ASST. SECRETARY, VP
Name	NOVELL, CANDACE ("CANDI")
Address	6440 OAK CANYON SUITE 200
City-State-Zip:	IRVINE CA 92618

Title	VP
Name	KININMONTH, BARBARA
Address	WALDROP BUILDING, 28100 BONITA GRANDE DRIVE SUITE 102
City-State-Zip:	BONITA SPRINGS FL 34135
Title	VP
Name	MILLER, DOUGLAS D.
Address	10210 HIGHLAND MANOR DR. SUITE 400A
City-State-Zip:	TAMPA FL 33610
Title	ASST. SECRETARY, VP
Name	SHEPPARD, SHANNON
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607