

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

112

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2005 JUL -8 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012005 Chg-P CR2E034 (10/03)

4. FEI Number  
75-2511115  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # F93000005479**

1. Entity Name  
TCR SFA CONGRESS PARK, INC.



Principal Place of Business  
2001 BRYAN STREET  
SUITE 3700  
DALLAS, TX 75201

Mailing Address  
2001 BRYAN STREET  
SUITE 3700  
DALLAS, TX 75201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOEKSEMA, DOUGLAS A  
STREET ADDRESS 201 N. NEW YORK AVENUE., STE 200  
CITY-ST-ZIP WINTER PARK, FL 52789 ☒ Delete

TITLE VD  
NAME TERWILLIGER, RONALD J  
STREET ADDRESS 2850 PACES FERRY ROAD., STE 1100  
CITY-ST-ZIP ATLANTA, GA 30339 ☐ Delete

TITLE VPT  
NAME COLLINS, MICHAEL  
STREET ADDRESS 1810 GATEWAY DR STE 100  
CITY-ST-ZIP SAN MATEO, CA 94404 ☒ Delete

TITLE VSAT  
NAME PATTERSON, THOMAS J  
STREET ADDRESS 2001 BRYAN STREET STE 3700  
CITY-ST-ZIP DALLAS, TX 75201 ☐ Delete

TITLE AS  
NAME STEINHARDT, SHARI  
STREET ADDRESS 6400 CONGRESS AVE STE 2100  
CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Delete

TITLE AS  
NAME BROWN, PEGGY E  
STREET ADDRESS 2001 BRYAN STREET STE 3700  
CITY-ST-ZIP DALLAS, TX 75201 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Parrott, Perry McCallum  
STREET ADDRESS 1001 Yamato Road, Ste. 407  
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Addition

TITLE Director & Vice Pres  
NAME MacDonald, William C.  
STREET ADDRESS 6110 Executive Blvd., Ste. 315  
CITY-ST-ZIP Rockville, MD 20852 ☐ Change ☒ Addition

TITLE Assistant Secretary  
NAME Moody, Marcia L.  
STREET ADDRESS 2001 Bryan Street, Ste. 3700  
CITY-ST-ZIP Dallas, TX 75201 ☐ Change ☒ Addition

TITLE Treasurer  
NAME Purcell, Rachel  
STREET ADDRESS 2001 Bryan Street, Ste. 3700  
CITY-ST-ZIP Dallas, TX 75201 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia L. Moody, Asst Secy 7-6-05 214-922-8431

Date Daytime Phone #



CORPORATION SERVICE COMPANY

2/2

ACCOUNT NO. : 072100000032

REFERENCE : 472397 4348748

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 550.00

ORDER DATE : July 8, 2005

ORDER TIME : 12:02 PM

ORDER NO. : 472397-020

CUSTOMER NO: 4348748

CUSTOMER: Penny Lincoln  
Trammell Crow Residential  
Suite 3700  
2001 Bryan Street  
Dallas, TX 75201

ANNUAL REPORT FILING

NAME: TCR SFA CONGRESS PARK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

05 JUL -8 PM 12:51  
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