

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002036 (1)

1. Corporation Name

TCR SFA HOMESTEAD COLONY, INC.

FILED

98 APR 22 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

6400 CONGRESS AVE.  
SUITE 2000  
BOCA RATON FL 33487

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SUITE 2000  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

75-2531545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 717 N. Harwood

Suite, Apt. #, etc.

22 1200

City & State

23 Dallas, TX

Zip

24 75201

Country

25 USA

2a. Mailing Address

26 717 N. Harwood

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Dallas, TX

Zip

29 75201

Country

30 USA

9. Name and Address of Current Registered Agent

FISH, DEBORAH L.  
6400 CONGRESS AVE., STE 2000  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Aren B. Fish*

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TERWILLIGER, J R  
STREET ADDRESS 2859 PACES FERRY ROAD, STE 1400  
CITY-ST-ZIP ATLANTA GA

TITLE VDS ☐ DELETE

NAME PACE, RANDY J  
STREET ADDRESS 717 N. HARWOOD, STE 1200  
CITY-ST-ZIP DALLAS TX

TITLE V ☒ DELETE

NAME IGLEHART, GREG W  
STREET ADDRESS 6400 CONGRESS AVENUE, STE 2000  
CITY-ST-ZIP BOCA RATON FL

TITLE AS ☐ DELETE

NAME FISH, DEBORAH L  
STREET ADDRESS 6400 CONGRESS AVENUE, STE 2000  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition

1.2 NAME Steinhardt, Shari  
1.3 STREET ADDRESS 6400 Congress Ave., Ste. 1000  
1.4 CITY-ST-ZIP Boca Raton, FL 33487

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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-04/24/98--01007--006

4.1 TITLE \*\*\*\*\*150.00 ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)