

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 018 \*\*\*150.00

**DOCUMENT # F98000000457**

1. Entity Name  
TCR SF PROPERTIES, INC.



Principal Place of Business  
201 N NEW YORK AVE.  
STE 200  
WINTER PARK, FL 32789

Mailing Address  
6400 CONGRESS AVE  
STE 2100  
BOCA RATON, FL 33487

**44015583**



02202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-2743530**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	HOEKSEMA, DOUGLAS A	201 N NEW YORK AVE., STE 200	WINTER PARK, FL 32789	<input type="checkbox"/>
VD	CROW, HARLAN R	2100 MCKINNEY AVE SUITE 700	DALLAS, TX	<input type="checkbox"/>
VD	TERWILLIGER, J R	2859 PACES FERRY RD SUITE 1100	ATLANTA, GA	<input type="checkbox"/>
VST	PATTERSON, THOMAS J	2001 BRYAN STREET SUITE 3700	DALLAS, TX	<input type="checkbox"/>
PP	MCDONALD, BILL	6110 EXECUTIVE BLVD STE 315	ROCKVILLE, MD 20852	<input type="checkbox"/>
AS	STEINHARDT, SHARI	6400 CONGRESS AVE STE 2100	BOCA RATON, FL 33487	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**

*Shari Steinhart* 2/23/04 561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #