#### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072237

Entity Name: TAYLOR MORRISON REALTY OF FLORIDA, INC.

**FILED** Jan 25, 2014 **Secretary of State** CC9851470142

# **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: 59-3737701 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 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:

Name

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

**SUITE 512** 

PRESIDENT, DIRECTOR Title Title ASST. SECRETARY STEFFENS, LOUIS E. Name Name MERRILL, S. TODD

Address 1211 N. WESTSHORE BLVD Address 1211 N. WESTSHORE BLVD

**SUITE 512** 

DIRECTOR, VP

SHERMAN, DARRELL C.

TAMPA FL 33607 TAMPA FL 33607 City-State-Zip: City-State-Zip:

Title DIRECTOR, TREASURER SECRETARY, VP, GENERAL Title

> COUNSEL MILLER, DOUGLAS D.

1211 N. WESTSHORE BLVD Address Address 4900 N. SCOTTSDALE ROAD

**SUITE 512 SUITE 2000** 

TAMPA FL 33607 SCOTTSDALE AZ 85251

Title ASST. SECRETARY Title

Name ESTRADA, CAROLINE G. KEMPTON, JOHN STEVEN Name

4900 N. SCOTTSDALE ROAD Address

Address 551 N. CATTLEMEN RD. **SUITE 2000** 

Name

City-State-Zip:

SUITE 200 SCOTTSDALE AZ 85251

City-State-Zip: City-State-Zip: SARASOTA FL 34232

Title Title VΡ

Name GIVENS, MARY A. CAMPBELL, MICHELLE M. Name Address 551 N. CATTLEMEN RD.

551 N. CATTLEMEN RD. Address SUITE 200

SUITE 200 SARASOTA FL 34232

SARASOTA FL 34232 City-State-Zip:

#### 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 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.

01/25/2014 SIGNATURE: CAROLINE G. ESTRADA ASST. SECRETARY

# Officer/Director Detail Continued:

Title ۷P

Name MCCHESNEY, VALERIE

551 NORTH CATTLEMEN RD. SUITE 200 Address

City-State-Zip: SARASOTA FL 34232