

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042032

**Entity Name:** TAYLOR WOODROW COMMUNITIES AT HERONS GLEN, L.L.C.**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:** 20-2753964**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
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 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 ASST. SECRETARY  
Name MERRILL, S. TODD  
Address 1211 N. WESTSHORE BLVD SUITE 512  
City-State-Zip: TAMPA FL 33607

Title CFO, EXECUTIVE VICE PRESIDENT  
Name CONE, C. DAVID  
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 SORENSEN, ANDREW ("ANDY")  
Address 551 NORTH CATTLEMEN RD., SUITE 200  
City-State-Zip: SARASOTA FL 34232

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*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

ASST. SECRETARY

03/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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