

2025 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:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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	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	MERRILL, S. TODD
Address	3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip:	TAMPA FL 33607
Title	VP
Name	LONGENECKER, CAMMIE LARHAE
Address	551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip:	SARASOTA FL 34232

Title	PRESIDENT
Name	KEMPTON, JOHN STEVEN
Address	551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip:	SARASOTA FL 34232
Title	ASST. SECRETARY
Name	ESTRADA, CAROLINE G.
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
Title	CFO, EXECUTIVE VICE PRESIDENT
Name	VANHYTE, CURTIS ("CURT")
Address	4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip:	SCOTTSDALE AZ 85251
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**ASSISTANT SECRETARY** 03/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	VP
Name	DIRKHISING, ADAM
Address	551 N. CATTLEMEN RD., SUITE 200
City-State-Zip:	SARASOTA FL 34232