

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251

FILED
Apr 30, 2024
Secretary of State
1339465010CC

Current Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US

FEI Number: 45-4100117

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 PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMEN RD.
 SUITE 200
City-State-Zip: SARASOTA FL 34232

Title CFO, EXECUTIVE VICE PRESIDENT
Name VANHYFTE, CURTIS ("CURT")
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 ESTRADA, CAROLINE G.
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 L.
Address 551 NORTH CATTLEMEN RD.
 SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name PALKA, RUSSELL
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 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name SORENSEN, ANDREW ("ANDY")
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name SUMMERS, ROB
Address WALDROP BUILDING, 28100 BONITA GRANDE
DRIVE
SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

Title ASST. SECRETARY
Name MCNEIL, CHRISTY A.
Address 6440 OAK CANYON
SUITE 200
City-State-Zip: IRVINE CA 92618

Title VP
Name KININMONTH, BARBARA
Address WALDROP BUILDING, 28100 BONITA
GRANDE DRIVE
SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

Title VICE PRESIDENT
Name MCCHESENEY, VALERIE
Address WALDROP BUILDING, 28100 BONITA
GRANDE DRIVE
SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

Title ASST. SECRETARY, VP
Name NOVELL, CANDACE ("CANDI")
Address 6440 OAK CANYON
SUITE 200
City-State-Zip: IRVINE CA 92618