#### 2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TAYLOR MORRISON ESPLANADE NAPLES, LLC

FILED
Jul 30, 2020
Secretary of State
7855598092CC

## **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: 45-4100117 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

Title MANAGING MEMBER Title PRESIDENT

Name TAYLOR MORRISON OF FLORIDA. Name KEMPTON, JOHN STEVEN

INC.

Authorized Person(s) Detail:

Address 4900 N. SCOTTSDALE ROAD 551 NORTH CATTLEMEN RD. SUITE 200

**SUITE 2000** 

City-State-Zip: SARASOTA FL 34232

Title SECRETARY, EXECUTIVE VICE

Title CFO, EXECUTIVE VICE PRESIDENT PRESIDENT, CHIEF LEGAL OFFICER

Name CONE, C. DAVID Name SHERMAN, DARRELL C.

Address 4900 N. SCOTTSDALE ROAD Address 4900 N. SCOTTSDALE ROAD

SUITE 2000 SUITE 2000

7. 00077004.5 47.0004

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY Title ASST. SECRETARY

Name ESTRADA, CAROLINE G. Name MERRILL, S. TODD

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

SUITE 2000 SUITE 512

City-State-Zip: SCOTTSDALE AZ 85251 City-State-Zip: TAMPA FL 33607

Title VP Title VP

Name LONGENECKER, CAMMIE L. Name PALKA, RUSSELL

Address 551 NORTH CATTLEMEN RD. Address 551 NORTH CATTLEMEN RD.

SUITE 200 SUITE 200

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

#### 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 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 07/30/2020

Date

# Authorized Person(s) Detail Continued:

Address

Address

VΡ Title Title

Name BESSE, JASON Name SORENSEN, ANDREW ("ANDY")

551 NORTH CATTLEMEN RD., SUITE 200 Address 551 NORTH CATTLEMEN RD., SUITE Address

200

200

551 NORTH CATTLEMEN RD., SUITE

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

**AUTHORIZED AGENT - FINANCE** Title

Title VΡ Name GOLDSTEIN, KAREN

Name HUFF, KEVIN Address 551 NORTH CATTLEMEN RD.

Address SUITE 200

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

VΡ Title

Title **AUTHORIZED AGENT - HOUSE** KININMONTH, BARBARA Name **PERMITS** 

> Name SUMMERS, ROB WALDROP BUILDING, 28100 BONITA GRANDE

DRIVE Address WALDROP BUILDING, 28100 BONITA

SUITE 102 **GRANDE DRIVE** 

BONITA SPRINGS FL 34135 City-State-Zip: SUITE 102

BONITA SPRINGS FL 34135 City-State-Zip: AUTHORIZED AGENT - SALES; AUTHORIZED Title

AGENT - CLOSING Title VICE PRESIDENT KELLER, BRIAN Name

MCCHESNEY, VALERIE Name WALDROP BUILDING, 28100 BONITA GRANDE Address

WALDROP BUILDING, 28100 BONITA Address **DRIVE GRANDE DRIVE** 

SUITE 102 **SUITE 102** 

City-State-Zip: **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 City-State-Zip:

Title AUTHORIZED AGENT - LAND DEVELOPMENT;

Title **AUTHORIZED AGENT - SALES AUTHORIZED AGENT - LAND PERMITS** Name SCHREIBER, ELLEN

Name NORTON, KEITH

Address 551 NORTH CATTLEMEN RD. WALDROP BUILDING, 28100 BONITA GRANDE

SUITE 200 **DRIVE** 

SUITE 102 City-State-Zip:

SARASOTA FL 34232 City-State-Zip: BONITA SPRINGS FL 34135