**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED**
**Sep 04, 2025**
**Secretary of State**
**2867842062CC**

DOCUMENT# L19000283053

**Entity Name:** HFB ORCHID TERRACE, LLC

**Current Principal Place of Business:**

18300 VON KARMAN AVE., SUITE 1000
IRIVNE, CA 92612

**Current Mailing Address:**

18300 VON KARMAN AVE., SUITE 1000
IRIVNE, CA 92612 US

**FEI Number: 84-3670740**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | MGR | Title | AUTHORIZED REPRESENTATIVE |
| Name | HANOVER FAMILY BUILDERS, LLC | Name | WOCHNER, JEFF |
| Address | 18300 VON KARMAN AVE., SUITE 1000 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | IRIVNE CA 92612 | City-State-Zip: | ORLANDO FL 32814 |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | PIVACH, STEPHEN | Name | DURKIN, TIMOTHY |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | WHITE, KATHERINE | Name | CLEVENGER, CHAD |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | NYARIRI, FONTANE | Name | KAISER, DANIEL |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 | Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 | City-State-Zip: | ORLANDO FL 32814 |

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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: MIEK HARBUR — EVP, GENERAL COUNSEL & SECRETARY — 09/04/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

## Authorized Person(s) Detail Continued :

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | BAKEL, MEGAN |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 |

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | TYLER, CARISSA |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 |

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | MCFARLAND, DANIEL |
| Address | 2420 S. LAKEMONT AVENUE SUITE 450 |
| City-State-Zip: | ORLANDO FL 32814 |

| | |
|---|---|
| Title | EVP, GENERAL COUNSEL & SECRETARY |
| Name | HARBUR, MIEK |
| Address | 18300 VON KARMAN AVE., SUITE 1000 |
| City-State-Zip: | IRIVNE CA 92612 |