

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

PROOF OF CLAIM
FILED VIA MAIL
OCT 26 2009
LETTER U.S. BANKRUPTCY COURT TAMPA FLORIDA
THIS SPACE IS FOR COURT USE ONLY

Name of Debtor
Taylor, Bean & Whitaker Mortgage Corp.

Case Number
09-07047 -JAF

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Grant Ranch Master Community Association, In

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:
c/o HindmanSanchez P.C.
5610 Ward Road, Suite 300, Arvada, CO 80002

Check box if you have never received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number:
Last four digits of account or other number by which creditor identifies debtor: 6288

Check here replaces amends a previously filed claim, dated: _____

- 1. Basis for Claim
 - Goods sold
 - Services performed
 - Money loaned

- Personal injury/wrongful death
 - Taxes
 - Retiree benefits as defined in 11 U.S.C. § 1114(a)
 - Other HOA Assessments
- Wages, salaries, and compensation (fill out below)
Last four digits of your SS #: _____
Unpaid compensation for services performed
From _____ to _____
(date) (date)

2. Date debt was incurred: 01/01/2009

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ _____
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

Secured Claim
 Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Other HOA Lien
 Motor Vehicle

Unsecured Priority Claim
 Check this box if you have an unsecured claim or part of a claim which is entitled to priority.
Amount entitled to priority \$ _____ NOV 10 2009

Value of Collateral: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 886.50

- Specify the priority of the claim:
- Domestic support obligations under 11 U.S.C. § 507(a)(1)(B).
 - Wages, salaries, or commissions (up to \$10,000), * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
 - Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

- Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
 - Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 - Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).
- *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claims at Time Case Filed: \$ 886.50 (unsecured) 886.50 (secured) (priority) 886.50 (total)
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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T, B & W Mortgage Corp.
00258

Date: 10/20/09
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
President C. HAD

Resident Transaction Report
Grant Ranch
 01/01/2009 to 10/20/2009

Assoc: GR-R Grant Ranch
 W Bowles Ave & S Sheridan Blvd
 Littleton, CO 80123

Resident	Type	Date	CC Description	Check No	Chg Amount	Payment/Credit	Balance
628 10 6288 Bean Taylor			App# 47289			Req Bal	702.53
Whitaker Taylor	Chg	01/01/2009	MA Monthly Assessment		49.00		751.53
1417 N. Magnolia Ave.	Chg	01/09/2009	lg 12/21 HS Cov		119.50		871.03
Ocala FL 34475	Chg	01/22/2009	L1 Late Fee		12.00		883.03
	Chg	01/22/2009	12 Interest		8.71		891.74
	Chg	02/01/2009	MA Monthly Assessment		49.00		940.74
	Chg	02/17/2009	lg 1/22 HS CVDL		99.00		1,039.74
	Chg	02/24/2009	L1 Late Fee		12.00		1,051.74
	Chg	02/24/2009	12 Interest		10.40		1,062.14
	Chg	02/24/2009	ln Filed lien		75.00		1,137.14
	Cr	02/24/2009	11 in error fc			-12.00	1,125.14
	Cr	02/24/2009	12 in error fc			-10.40	1,114.74
	Cr	02/24/2009	ln in error fc			-75.00	1,039.74
	Chg	03/01/2009	MA Monthly Assessment		49.00		1,088.74
	Cr	03/24/2009	ma move fc			-626.74	462.00
	Pay	03/31/2009	CASH PAYMENT 4027			-462.00	0.00
	Chg	04/01/2009	MA Monthly Assessment		49.00		49.00
	Chg	05/01/2009	MA Monthly Assessment		49.00		98.00
	Chg	05/26/2009	fn 05/22 lawn maint		100.00		198.00
	Chg	06/01/2009	MA Monthly Assessment		49.00		247.00
	Chg	06/16/2009	lg 4/23 HS Cov		205.00		452.00
	Chg	06/16/2009	ma Adj FC balance		218.50		670.50
	Chg	07/01/2009	MA Monthly Assessment		49.00		719.50
	Cr	07/01/2009	fn 06/30 lawn maint			-250.00	469.50
	Chg	08/01/2009	MA Monthly Assessment		49.00		518.50
	Chg	09/01/2009	MA Monthly Assessment		49.00		567.50
	Chg	09/23/2009	ma Monthly Assessment		250.00		817.50
	Chg	09/23/2009	ma Monthly Assessment		250.00		1,067.50
	Cr	09/23/2009	ma Monthly Assessment			-250.00	817.50
	Chg	10/01/2009	MA Monthly Assessment		49.00		866.50
						Req Balance	866.50

Resident Transaction Report
Grant Ranch
 01/04/2009 to 10/20/2009

Assoc: GR-R Grant Ranch
 W Bowles Ave & S Sheridan Blvd
 Littleton, CO 80123

Resident	Type	Date	CO Description	Check No	Chg Amount	Payment/Credit	Balance
628 9 6288 Bill Griffith			App# 181376			Reg Bal	0.00
6288 W. Crestline Ave.	Chg	03/24/2009	ma move fo		626.74		626.74
Littleton CO 80123	Chg	05/14/2009	LG 4/23 HS Cov		205.00		831.74
	Cr	06/16/2009	lg 4/23 HS Cov			-205.00	626.74
	Cr	06/16/2009	ma Adj FC bal			-218.50	408.24
	Cr	08/24/2009	bd waive per bcd			-408.24	0.00
	Chg	09/23/2009	bd Bad Debt		250.00		250.00
	Cr	09/23/2009	ma Monthly Assessment			-250.00	0.00
						Res Balance	0.00