

UNITED STATES BANKRUPTCY COURT

Middle District of Florida

PROOF OF CLAIM

Name of Debtor: Taylor, Bean & Whitaker Mortgage Corp.

Case Number: 3:09-BK-07047-JAP

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):

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

HOA FINANCIAL SERVICES, LLC
7100 MADISON AVE W #A
GOLDEN VALLEY, MN 55427

Court Claim Number: (If known)

Filed on:

Telephone number:

763) 746-2986

Name and address where payment should be sent (if different from above):

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

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:

\$ 4,644.00

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.

2. Basis for Claim:

(See instruction #2 on reverse side.)

UNPAID HOA DUES

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

LASLAVES HOA

Wages, salaries, or commissions (up to \$10,950*) 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).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

CLAIM FILED

JACKSONVILLE, FLORIDA

FEB 04 2010

CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA

Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).

Up to \$2,425* 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)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 1/25/10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Signature of creditor: PRESIDENT HOA FINANCIAL SERVICES

FOR COURT USE ONLY

T, B & W Mortgage Corp.



00859

FILED VIA MAIL

COPY

POWER OF ATTORNEY

The Cascades Townhouse Association, Inc (the "Association"), a non-profit corporation organized and existing under the laws of the State of Minnesota, hereby authorizes and appoints HOA Financial Services, LLC, ("HOAFS") a limited liability company organized and existing under the laws of the State of Minnesota and its employee **Jeffrey Knudson** ("Agent") as the true and lawful agent and attorney-in-fact of the Association, to perform any or all of the following acts on behalf of the Association, by and through agents or the proper officers or members of HOAFS: (a) to execute, acknowledge, deliver and/or record, in the office of any County Recorder and/or Registrar of Titles in any County in the State of Minnesota, any and all statements setting forth the amount of unpaid assessments currently levied by the Association against a unit, notices of delinquent assessments, satisfactions and releases of liens for assessments and similar documents relating to amounts owing to the Association from unit owners who are members in the Association; and (b) to commence, prosecute, defend, execute and enforce, settle and satisfy any claim or cause of action brought by or against the Association in any Conciliation Court of any County of the State of Minnesota with respect to any such assessment or any other dispute between the Association and any one or more members in the Association.

Dated: 09/Nov/2009

The Cascades Townhouse Association, Inc.
Name of Association
By: [Signature]
Its: President

STATE OF MINNESOTA)
) ss.
COUNTY OF Hennepin)

The foregoing instrument was acknowledged before me on the 9th of November, 2009, by David P. Kau, the President of Cascades Townhouse, a non-profit corporation under the laws of the State of Minnesota, on behalf of the corporation.



[Signature]
Signature of Notary Public or Other Official

THIS INSTRUMENT WAS DRAFTED BY:
HOA Financial Services, LLC
7100 Madison Avenue West
Golden Valley, MN 55427
Telephone: 763-225-6400

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

FINANCIAL TRANSACTIONS - 01/25/10

2431 119th Court NE # A
 Taylor Bean & Whitaker Mort
 Unit ID: 41020129
 STATUS: 05 - HOAFS agency

DATE	PAYMT AMT	CHECK #	DEP DT	CODE	N/A	DESCRIPTION	AMOUNT	BALANCE
072308				EXPENSE ADJ	A1	Monthly Dues	1017.40	1017.40
072308						fees incurred post sheriff sale (3/18/08) dmk		
072308						Apr-July dues \$644 (4 x \$161)		
072308						Apr-July coll costs \$373.40 dmk		
080108				APPLY CHARGES	A1	Monthly Dues	161.00	1178.40
090108				APPLY CHARGES	A1	Monthly Dues	161.00	1339.40
100108				APPLY CHARGES	A1	Monthly Dues	161.00	1500.40
110108				APPLY CHARGES	A1	Monthly Dues	161.00	1661.40
120108				APPLY CHARGES	A1	Monthly Dues	161.00	1822.40
010109				APPLY CHARGES	A1	Monthly Dues	165.00	1987.40
010709						Sent statement/acct history dmk		
020109				APPLY CHARGES	A1	Monthly Dues	165.00	2152.40
021809				EXPENSE ADJ	01	Collection cost	20.00	2172.40
021809						1st coll notice dmk		
030109				APPLY CHARGES	A1	Monthly Dues	165.00	2337.40
030609						ledger & W-9 to REO AP - bw		
031309				EXPENSE ADJ	01	Collection cost	20.00	2357.40
031309						2nd collection notice hn		
033009				EXPENSE ADJ	01	Collection cost	20.00	2377.40
033009						3rd letter hn		
040109				APPLY CHARGES	A1	Monthly Dues	165.00	2542.40
050109				APPLY CHARGES	A1	Monthly Dues	165.00	2707.40
051109				EXPENSE ADJ	01	Collection cost	443.00	3150.40
051109						Lien processing and title notification fee hn		
060109				APPLY CHARGES	A1	Monthly Dues	165.00	3315.40
060809				EXPENSE ADJ	01	Collection cost	3.24	3318.64
060809						HOAFS lien mailing cost, see attached docs kas		

FINANCIAL TRANSACTIONS - 01/25/10

2431 119th Court NE # A
Taylor Bean & Whitaker Mort
Unit ID: 41020129
STATUS: 05 - HOAFS agency

DATE	PAYMT AMT	CHECK #	DEP DT	CODE	N/A	DESCRIPTION	AMOUNT	BALANCE
061009		EXPENSE ADJ		01		Collection cost	497.80	3816.44
061009		HOAFS agency fee				jn		

FINANCIAL TRANSACTIONS - 01/25/10

2431 119th Court NE # A
 Taylor Bean
 Unit ID: 41020129
 STATUS: 05 - HOAFS agency

DATE	PAYMT AMT	CHECK #	DEP DT	CODE	N/A	DESCRIPTION	AMOUNT	BALANCE
070109				A1		Monthly Dues	165.00	165.00
080109				A1		Monthly Dues	165.00	330.00
081109				01		Collection cost	20.00	350.00
081109						1st late letter jn		
082709				01		Collection cost	20.00	370.00
082709						2nd Late Letter JN		
090109				A1		Monthly Dues	165.00	535.00
091509				01		Collection cost	20.00	555.00
091509						3rd Late Letter JN 3L		
100109				A1		Monthly Dues	165.00	720.00
100109				01		Collection cost	108.00	828.00
100109						HOAFS agency fee JN		
111309						1st,2nd,3rd, late letters rtrnd-resent		
111309						to alt address JN		