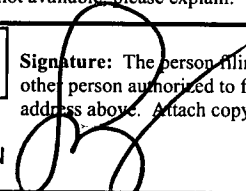



<b>UNITED STATES BANKRUPTCY COURT</b>		Middle District of Florida	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>TAYLOR BEAN &amp; WHITAKER MORTGAGE</b>		Case Number: <b>09-07047</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. 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): <b>VIA VALENCIA/VIA VENTURA HOMEOWNERS ASSOCIATION</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where notices should be sent: <b>C/O ALLIED TRUSTEE SERVICES 990 RESERVE DRIVE #208 ROSEVILLE, CA 95678</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>FILED</b>                      JACKSONVILLE, FLORIDA  <b>AUG 15 2011</b> </div>	
Telephone number: <b>(916) 960-0600</b>			
Name and address where payment should be sent (if different from above): <b>CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA</b>		<input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:			
1. Amount of Claim as of Date Case Filed:                   \$ <u>102.04</u>		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.		Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.			
<input checked="" type="checkbox"/> 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.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) 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).  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____).	
2. Basis for Claim: <u>HOA Lien/CC&amp;R'S</u> (See instruction #2 on reverse side.)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>CLAIM FILED</b>                      JACKSONVILLE, FLORIDA  <b>AUG 17 2011</b> </div>	
3. Last four digits of any number by which creditor identifies debtor: <u>9288</u>			
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
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: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA</b> </div>	
Describe: <u>9739 MOUNT DEL MAR STREET, LAS VEGAS, NV 89178</u>			
Value of Property: \$ _____ Annual Interest Rate <u>18.000</u> %			
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ <u>102.04</u> Basis for perfection: <u>HOA Lien/CC&amp;R</u>			
Amount of Secured Claim: \$ <u>102.04</u> Amount Unsecured: \$ _____			
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: <u>08/10/2011</u>	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.	*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>LISA HODGSON</b>		FOR COURT USE ONLY <b>T, B &amp; W Mortgage Corp.</b>  03465	



August 10, 2011

COMPLETE ASSOCIATION MANAGEMENT, LLC  
 P.O. BOX 12117  
 LAS VEGAS, NV 89112

Account #: **91601**

T.S. Number: **09-19288**

Association: VIA VALENCIA / VIA VENTURA HOMEOWNERS ASSOCIATION

Owner(s): LOVELY LAGUERRE

Property Address: 9739 MOUNT DEL MAR STREET  
 LAS VEGAS, NV 89178

**Status Report**

**ASSOCIATION ASSESSMENTS, LATE CHARGES, INTEREST AND COSTS OF COLLECTION**

	DESCRIPTION	AMOUNT	FROM	THRU	RATE	TOTAL
1	Delinquent Assessments @	\$75.00	07/01/2009	08/24/2009	18.00%	\$75.00
1	Late Charges @	\$25.00	07/01/2009	08/24/2009		\$25.00

Interest on Assessments from 07/31/2009 to 08/24/2009 \$0.92

**ADVANCES INFORMATION**

	DESCRIPTION	AMOUNT	FROM	THRU	RATE	TOTAL
1	INTEREST ADJUSTMENT	\$1.12	07/30/2009	07/30/2009	0.00%	\$1.12

Interest on Advances thru 08/24/2009 \$0.00

**Total due Association as of : 08/24/2009 \$102.04**

**Comments:**