2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000249

SIGNATURE: JAN M KLYM

Electronic Signature of Signing Officer or Director

Entity Name: DEL WEBB'S SPRUCE CREEK COMMUNITIES, INC.

FILED Apr 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1930 SW 38TH AVENUE STE 300 OCALA, FL 34474					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
STE 300	MFIELD HILLS F LD HILLS, MI 4				
FEI Number: 86-0843862 FEI Number Applied For () FEI N			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	of New Registered Agent:	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () D THOMPSON, JAY 1930 SW 38TH A OCALA, FL 3447	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D RAGAN, JOHN 1930 SW 38TH A' OCALA, FL 3447		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NELSON, GREGO 100 BLOOMFIELI	elete DRY M D HILLS PKWY STE 300 LLS, MI 483042950	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVPS () D COOK, STEVEN N 100 BLLOMFIELD BLOOMFIELD HIL	M O HILL PKWY STE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROBINSON, BRU- 100 BLOOMFIELI	lelete CE E D HILLS PKWY STE 300 LLS, MI 483042950	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KLYM, JAN M	D HILLS PKWY STE 300 LLS, MI 48304	Title: Name: Address: City-St-Zip:	() Change() Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.					

AS

04/10/2007

Date