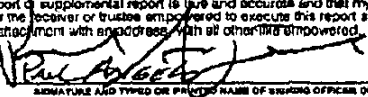


FILED
Jun 26, 2008 8:00 am
Secretary of State

5/15

05-15-2008 90022 027 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000005501			
1. Entity Name PARCEL NO. 19 COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C/O WCI COMMUNITIES, INC. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		Mailing Address C/O WCI COMMUNITIES, INC. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0361308		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANGELO, PAUL	NAME	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOUROT, SCOTT	NAME	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMERON, CLAY	NAME	
STREET ADDRESS	250 GIBRALTAR ROAD	STREET ADDRESS	
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUCK, LAWRENCE	NAME	
STREET ADDRESS	250 GIBRALTAR ROAD	STREET ADDRESS	
CITY-ST-ZIP	HORSHAM, PA 19044	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with addresses with all other officers empowered.			
SIGNATURE: 		Date: 6/14/08 995754200	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date	

66014805



04112008 Chg-NP CR2E037 (12/06)