

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000249

Entity Name: DEL WEBB'S SPRUCE CREEK COMMUNITIES, INC.**Current Principal Place of Business:**3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326 US**FEI Number:** 86-0843862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:** MICHELE L. ABBOTT

06/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR AND PRESIDENT
Name SHELDON, TODD N
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title SECRETARY
Name MATUREN, ELLEN PADESKY
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND TREASURER
Name LANGEN, D BRYCE
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name MAHON, TAMRIN
Address 4901 VINELAND ROAD
SUITE #500
City-State-Zip: ORLANDO FL 32811

Title AS
Name CONLON, KELLYMARIE M
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name CLEMENTS, SCOTT
Address 2301 LUCIEN WAY STE 400
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR AND VICE PRESIDENT
Name HILL , KIMBERLY M
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name IRWIN, ROSS
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

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I hereby 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 all other like empowered.

SIGNATURE: KELLYMARIE M. CONLON

ASSISTANT SECRETARY 06/25/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name VOILES, CHANDLER
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT TREASURER
Name RIVES, GREGORY
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name FRATTER, ERIC
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326