

2016 FOREIGN PROFIT CORPORATION REINSTATEMENT

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

11/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	KEANE, PETER J
Address	2301 LUCIEN WAY STE 400
City-State-Zip:	MAITLAND FL 32751
Title	VTAS
Name	ROBINSON, BRUCE E
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326
Title	AS
Name	CONLON, KELLYMARIE M
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326

Title	DVPS
Name	COOK, STEVEN M
Address	3350 PEACHTREE ROAD NORTHEAST SUITE 150
City-State-Zip:	ATLANTA GA 30326
Title	VP
Name	FITZPATRICK, DANIEL
Address	4901 VINELAND ROAD SUITE 150 SUITE #500
City-State-Zip:	ORLANDO FL 32811
Title	VPAS
Name	CLEMENTS, SCOTT
Address	2301 LUCIEN WAY STE 400
City-State-Zip:	MAITLAND FL 32751

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 CONLON**ASST. SECRETARY**

11/15/2016

Electronic Signature of Signing Officer/Director Detail

Date