

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516193

FILED
Apr 23, 2007
Secretary of State

Entity Name: SELECT COMMUNITIES, INC.

Current Principal Place of Business:

5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-1716344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: BRICE, CARLA
Address: 5517 SW 69 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: PD () Delete
Name: MILLER, DAVID M.,
Address: 5517 SW 69 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: DST () Delete
Name: COX, ALISON
Address: 5517 SW 69 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: FERENCE, STEPHANIE A
Address: 5517 SW 69 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: V () Delete
Name: MACKAY, ROBERT
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUMMERFIELD, SARA M,
Address: 5517 SW 69 TERR
City-St-Zip: GAINESVILLE, FL 32608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALISON L. COX

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date