

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:01

DOCUMENT # 854193 (0)

1. Corporation Name
WCI COMMUNITIES, INC.

Principal Place of Business Mailing Address
801 LAUREL OAK DRIVE, #500 801 LAUREL OAK DRIVE, #500
NAPLES FL 33963 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/28/1982	03/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2217104	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, J.B.	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	PDC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTE, B. R.	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, T. P.	3.2 NAME	Clark, G.M.
STREET ADDRESS	6 GATEWAY CENTER	3.3 STREET ADDRESS	11 Stanwix Street
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, C. A.	4.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, #415	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	AV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEGSTED, L.H.	5.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	5.4 CITY-ST-ZIP	
TITLE	AVS	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, A. L.	6.2 NAME	VS
STREET ADDRESS	801 LAUREL OAK DR., #500	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice J. Carlson 2/6/95 (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Address/Phone #)
 Alice J. Carlson, Secretary

WCI COMMUNITIES, INC.

13. AV

Schmoyer, J. H.
801 Laurel Oak Drive, #500
Naples, FL 33963

AS

Doragh, P. D.
801 Laurel Oak Drive, #500
Naples, Florida 33963

DVTAS

Faust, R. E.
801 Laurel Oak Drive, #500
Naples, Florida 33963

AS

Hastings, V. N.
801 Laurel Oak Drive, #500
Naples, FL 33963

V

Crouch, S.L.
801 Laurel Oak Drive, #102
Naples, FL 33963

V

Rocco, A. W.
801 Laurel Oak Drive, #500
Naples, FL 33963