

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001362

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: DEL WEBB COMMUNITY MANAGEMENT CO.

## Current Principal Place of Business:

100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
BLOOMFIELD HILLS, MI 48304

## New Principal Place of Business:

## Current Mailing Address:

100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
BLOOMFIELD HILLS, MI 48304

## New Mailing Address:

FEI Number: 95-2215185      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: DUGAS, RICHARD J JR  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: DVAS ( ) Delete  
Name: NELSON, GREGORY M  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: DVS ( ) Delete  
Name: STOLLER, JOHN R  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: AS ( ) Delete  
Name: KLYM, JAN M  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VTAS ( ) Delete  
Name: ROBINSON, BRUCE E  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VGM ( ) Delete  
Name: HAINES, CHRISTOPHER S  
Address: 11500 SOUTH EASTERN AVENUE  
City-St-Zip: HENDERSON, NV 89052

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVAS (X) Change ( ) Addition  
Name: STOLLER, JOHN R  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

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

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

Title: VPS (X) Change ( ) Addition  
Name: SHERBIN, DAVID M  
Address: 100 BLOOMFIELD HILLS PARKWAY, SUITE 300  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN M KLYM

AS

03/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date