

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003307

Entity Name: WCI COMMUNITIES, INC.

FILED
Jan 18, 2011
Secretary of State

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 27-0472098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 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

OFFICERS AND DIRECTORS:

Title: P
Name: FRY, DAVID
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP
Name: DEVENDORF, RUSSELL
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVPS
Name: HASTINGS, VIVIEN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP
Name: SCHWARTZ, DOUGLAS
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP
Name: D'ALESSANDRO, ED
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP
Name: OAK, TIMOTHY
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: VIVIEN HASTINGS

SVP

01/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date

Fax:

Jan 18 2011 03:19pm P002/003

Additional Officers - WCI Communities, Inc.
Document # F9000003307
Annual Report

Attachment 1 of 2
F09000003307
1-18-10

10. OFFICERS AND DIRECTORS	
Title: SVP Name: BOYD, CONNIE Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: SVP Name: WALKER, DIANA Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134