

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 16, 2011  
Secretary of State**

DOCUMENT# F09000003307

Entity Name: WCI COMMUNITIES, INC.

**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

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

05/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Fax:

May 16 2011 11:40am P003/007

F09000003307

Additional Officers - WCI Communities, Inc.  
Document # F09000003307  
Annual Report

Attachment 1 of 2

5-16-11

10. OFFICERS AND DIRECTORS	
Title: SVP [DELETE] Name: BOYD, CONNIE Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: SVP [DELETE] Name: OAK, TIMOTHY Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134