

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000249

FILED
Apr 16, 2008
Secretary of State

Entity Name: DEL WEBB'S SPRUCE CREEK COMMUNITIES, INC.

Current Principal Place of Business:

1930 SW 38TH AVENUE
STE 300
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

100 BLOOMFIELD HILLS PKWY
STE 300
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 86-0843862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DP () Delete
Name: THOMPSON, JAY A
Address: 1930 SW 38TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: RAGAN, JOHN
Address: 1930 SW 38TH AVENUE
City-St-Zip: OCALA, FL 34474

Title: VPAS () Delete
Name: NELSON, GREGORY M
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 483042950

Title: DVPS () Delete
Name: COOK, STEVEN M
Address: 100 BLOOMFIELD HILL PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VTAS () Delete
Name: ROBINSON, BRUCE E
Address: 100 BLOOMFIELD HILLS PKWY STE 300
City-St-Zip: BLOOMFIELD HILLS, MI 483042950

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SHOLES, JOSEPH E
Address: 1930 SW 38TH AVENUE
City-St-Zip: OCALA, FL 34474

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 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: JAN M KLYM

AS

04/16/2008

Electronic Signature of Signing Officer or Director

Date