

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003277

Entity Name: WCI COMMUNITIES, LLC

FILED
Mar 25, 2010
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: 27-0601855

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WCI COMMUNITIES, INC.
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIVIEN HASTINGS

SVPS

03/25/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

Fax:

Mar 25 2010 02:46pm P0037003

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3-25-10

Additional Officers – WCI Communities, Inc.
Document # M09000003277
Annual Report

OFFICERS AND DIRECTORS	
Title: SVP Name: Ed D'Alessandro Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: SVP Name: Reinaldo Mesa Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134
Title: VP Name: Richard Barber Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: VP Name: Jackie Buckler Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134
Title: VP Name: John Ferry Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: VP Name: Christine Green Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134
Title: VP Name: Robert King Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: VP Name: Craig Klingensmith Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134
Title: VPT Name: Sheila Leith Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: VP Name: Nicole Swartz Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134