

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003282

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** WCI COMMUNITIES MANAGEMENT, LLC

**Current Principal Place of Business:**

24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 27-0601636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN  
24301 WALDEN CENTER DR.  
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 DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

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

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

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

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

SVP

01/18/2011

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

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Additional Officers - WCI Communities Management, LLC  
Document # M09000003282  
Annual Report

Attachment 1 of 2

1-18-11

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: OAK, TIMOTHY 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	