

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90468 001 \*\*\*183.75

**DOCUMENT # N00000007696**

**1. Entity Name**  
WCI FOUNDATION FOR ENVIRONMENTAL  
STEWARDSHIP, INC.



**Principal Place of Business**  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**Mailing Address**  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**66419010**



04262004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3685093

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CULLEN, JAMES D  
24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	HOFFMAN, ALFRED JR.
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	DP
<b>NAME</b>	STARKEY, JERRY L
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	DVT
<b>NAME</b>	DIETZ, JAMES P
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	S
<b>NAME</b>	HASTINGS, VIVIEN
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	VAS
<b>NAME</b>	CULLEN, JAMES D
<b>STREET ADDRESS</b>	24301 WALDEN CENTER DRIVE
<b>CITY-ST-ZIP</b>	BONITA SPRINGS, FL 34134
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivien Hastings

Date

4.28.04

239-498-8605

Daytime Phone #