


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006064
 1. Entity Name
WCI COMMUNITIES/MERCEDES BENZ OF FORT MYERS JUNIOR GOLF FOUNDATION, INC.



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

DO NOT WRITE IN THIS SPACE



04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-3609219 Not Applicable

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

8. Name and Address of Current Registered Agent
HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRY, DAVID L
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DV
NAME	MATTHEWS, RAYMOND
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DST
NAME	WEBER, EDWARD J
STREET ADDRESS	24301 WALDEN CENTER DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000941858
 05/28/08-80118-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James D Cullen James D Cullen, VAs 4.30.08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #