


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90417 013 ***150.00

DOCUMENT # P04000056041					
1. Entity Name WCI AMENITIES, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1179424	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STARKEY, JERRY L		NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIETZ, JAMES P		NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRY, DAVID L		NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADELMAN, STEVEN C		NAME	Steven C. Adelman	
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HASTINGS, VIVIEN N		NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CULLEN, JAMES D		NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
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 607, 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: <u>Vivien Hastings</u>		Date: <u>7/21/06</u>		Daytime Phone #: <u>239-498-8213</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40079738
#P04000056041

**Additional Officers – WCI Amenities, Inc.
Document # P01000056041
2006 For Profit Corporation
Annual Report**

10. Officers and Directors	11. Additions/Changes to Officers and Directors
Title: V Name: John F. Coolahan Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	Title: V/T X Addition Name: Ernest J. Scheidemann Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134
Title: V Name: Edward D'Alessandro Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	
Title: V X Delete Name: Jennifer Hjalmquist Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	
Title: V Name: Candace B. Jorritsma Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	
Title: V Name: Richard G. Newman Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	
Title: V Name: Edward Sanabria Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, Florida 34134	