


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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

05-02-2006 90417 013 ***150.00

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|--|--|---|--|---|--|
| 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 20-1179424 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | D STARKEY, JERRY L 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV DIETZ, JAMES P 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FRY, DAVID L 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT ADELMAN, STEVEN C 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Steven C. Adelman 24301 Walden Center Drive Bonita Springs, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS CULLEN, JAMES D 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Vivien Hastings</i> Vivien Hastings 7/21/06 239-498-8213 | | | | | |

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 |
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| 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 | |