## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000039918 (4)

WCI LIFESTYLES REALTY, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 16 1998 8:00am Secretary of State



7315 PELICAN BAY BLVD NAPLES FL 34108 US		7315 PELICAN BAY BLVD NAPLES FL 33963				
				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				05/19/1995		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	Walden Center Drive		Center Driv	re 65-0585945	Not Applicable	
Suite 300		Suite Api # etc. Suite 300		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 Bonita Springs, FL		6. Election Campaign Financing	\$5.00 May Be	
20	ta Springs, FL	]20]		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible  Yes  No	
24 34134	25 USA	29  34134	30 USA	Personal Property Tax due June 30.  10, Name and Address of New Registered	==	
9. Name and Address of Current Registered Agent				(U. Haine and Address of New Hogistered	Agoit	
	STINGS, N VIVIEN		81 Name	Vivien Hastings		
801 LAUREL OAK DR STE 500			82 Street			
SUITE 500			83	24301 Walden Center Driv	<u>e</u>	
NAPLES FL 34108			63	Suite 300		
			84 City	P1	85 Zip Code 34134	
				Bonita Springs FL		
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu of Florida, Such change was	tes, the above-named authorized by the corr	corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate the purpose of the purpose	or changing its registered	
agent lar	n familiar with, and accept the obligat	ion, of Section 607.0505, F	lorida Statutes.	poration's board of directors. I hereby accept the app 1/22/98	•	
SIGNATURE.	- TADAU	{ (U.OX/		1/22/90		
O'GI WITOTIE	Signature, typed or printed name of registered right	tan Brothappa able (NO	1E Rugistered Agent signature			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	PD	X DELETE	1.1 TITLE	DP	Change 🛣 Addition	
NAME	STORY, JB		1.2 NAME	Wanda Z. Cross		
STREET ADDRESS	801 Laurel Oak Dr, Ste 50	0	1.3 STREET ADORESS	24301 Walden Center Drive		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Bonita Springs, FL		
TITLE	VD .	DELETE.	2.1 TITLE	DT	Change 😾 Addition	
NAME	BUCKMAN, S		2.2 NAME	Steven C. Adelman		
STREET ADDRESS	801 LAUREL OAK DR, STE 50	0	2.3 STREET ADDRESS	24301 Walden Center Drive		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	Bonita Springs, FL		
TITLE	DT	<b>X</b> DELETE	3.1 TITLE		Change Addition	
NAME	CARLSON, ALICE J		3.2 NAME			
STREET ADDRESS	801 LAUREL OAK DR SUITE 5	00	3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP			
TITLE	S	DELETE	4.1 TITLE	DS	Change Addition	
NAME	HASTINGS, VN		4. 2 NAME	Vivien N. Hastings		
STREET ADDRESS	801 LAUREL OAK DR, STE 50	0	4.3 STREET ADDRESS	24301 Walden Center Drive		
CITY-SI-ZIP	NAPLES FL		4.4 CITY+ST-ZIP	Bonita Springs, FL		
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		=	
			6.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	sortify that the information supplied wi	th this filing does not publify	6.4 CITY-\$1-ZIP	l ed in Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information	

indicated on this annual report or supplemental annual 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 Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Vivien Hastings, Secretary

1/22/98

(941) 947-2600