

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 001 ***150.00

DOCUMENT # P98000007442

1. Entity Name
WCI HOMES, INC.



Principal Place of Business
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134 US

Mailing Address
24301 WALDEN CENTER DR
SUITE 300
BONITA SPRINGS, FL 34134

60043550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3557486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
SUITE 300
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV
NAME FRY, DAVID ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VAS
NAME CULLEN, JAMES D ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE T
NAME BRASINGTON, CHARLIE ☒ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE DP
NAME OAK, TIMOTHY ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DR
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VS
NAME HASTINGS, VIVIEN N ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James D Cullen James D Cullen, VA 4-30-08