

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90024 003 ***900.00

DOCUMENT # P98000054206

1. Corporation Name

WCI GOLF GROUP, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1998

4. FEI Number

59-3518710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WATTS, SUSAN H
STREET ADDRESS 24301 WALDEN CENTER DRIVE #300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE
NAME FRY, DAVID L
STREET ADDRESS 24301 WALDEN CENTER DRIVE #300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE
NAME ADELMAN, STEVEN C
STREET ADDRESS 24301 WALDEN CENTER DRIVE #300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DT ☐ Change ☒ Addition
12 NAME Kim F. Bosaw
13 STREET ADDRESS 24301 Walden Center Drive
14 CITY-ST-ZIP Bonita Springs, FL 34134

21 TITLE DP ☒ Change ☐ Addition
22 NAME David L. Fry
23 STREET ADDRESS 24301 Walden Center Drive
24 CITY-ST-ZIP Bonita Springs, FL 34134

31 TITLE V ☐ Change ☒ Addition
32 NAME Richard Newman
33 STREET ADDRESS 24301 Walden Center Drive
34 CITY-ST-ZIP Bonita Springs, FL 34134

41 TITLE S ☐ Change ☒ Addition
42 NAME Stephen C. Pierce
43 STREET ADDRESS 24301 Walden Center Drive
44 CITY-ST-ZIP Bonita Springs, FL 34134

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 trustee 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, with all other like empowered.

SIGNATURE:

Stephen C. Pierce, Secretary

1/22/99 (941) 947-2600

Date

Daytime Phone #

CR2E034 (11/98)