

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003282

**Entity Name:** WCI COMMUNITIES MANAGEMENT, LLC

**Current Principal Place of Business:**

24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134

**FEI Number:** 27-0601636

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN  
24301 WALDEN CENTER DR.  
BONITA SPRINGS, FL 34134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WCI COMMUNITIES, INC.  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title P  
Name BASS, KEITH  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name DEVENDORF, RUSSELL  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVPS  
Name HASTINGS, VIVIEN  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name ERHARDT, PAUL  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name IVIN, DAVID  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name MESA, REINALDO  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name MCGOLDRICK, JOHN  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIVIEN HASTINGS

**SVPS**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name BARBER, RICHARD  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name GREEN, CHRISTINE  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name BOWLES, SCOTT  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name WOLF, MIKE  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name FERRY, JOHN  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name LEITH, SHEILA  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name SWARTZ, NICOLE  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title SVP  
Name RAPAPORT, JONATHAN  
Address 24301 WALDEN CENTER DR.  
City-State-Zip: BONITA SPRINGS FL 34134