

2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVIEN HASTINGS**SVPS****11/12/2013**

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 SWARTZ, NICOLE
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 SVP AND TREASURER
Name LEITH, SHEILA
Address 24301 WALDEN CENTER DR.
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name RADUNZ, BOB
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