2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 23, 2014
Secretary of State
CC6790615105

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	SVP
Name	DEVENDORF, RUSSELL
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	MESA, REINALDO
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	SVPS
Name	HASTINGS, VIVIEN
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	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VIVIEN HASTINGS SVP 07/23/2014

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 VP
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