

2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F09000003307

Entity Name: WCI COMMUNITIES, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

Current Mailing Address:

24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

FEI Number: 27-0472098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN
24301 WALDEN CENTER DRIVE
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

Officer/Director Detail :

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 V
Name FERRY, JOHN
Address 24301 WALDEN CIRCLE DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

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

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

Title VP
Name BARBER, RICHARD
Address 24301 WALDEN CENTER DRIVE
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 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIVIEN HASTINGS

SVPS

08/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title VP, ASSISTANT SECRETARY
Name SWARTZ, NICOLE
Address 24301 WALDEN CENTER DRIVE
City-State-Zip: BONITA SPRINGS FL 34134