

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761815 (0)

1. Corporation Name

WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION TWELVE, ASSOCIATION, INC.



Principal Place of Business: 12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907 US
Mailing Address: 12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907 US

3. Date Incorporated or Qualified: 02/09/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2208194
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent: MICHAEL FLEMING & ASSOCIATES, 12734 KENWOOD LANE SUITE 32 FT. MYERS FL 33907
10. Name and Address of New Registered Agent: 81 Name: MICHAEL FLEMING, 82 Street Address (P.O. Box Number is Not Acceptable): MICHAEL FLEMING & ASSOC INC, 83 12734-32 KENWOOD LN, 84 City: FORT MYERS FL, 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: FOSSELMAN, DONALD	1.1 TITLE: P	1.2 NAME: DON GAMACHE
STREET ADDRESS: 1458 CLARET COURT	CITY-ST-ZIP: FT MYERS FL	1.3 STREET ADDRESS: 5679 BADEN CT SW	1.4 CITY-ST-ZIP: FORT MYERS FL 33912
TITLE: VP	NAME: WATTERS, BETTY	2.1 TITLE: VP	2.2 NAME: S/T
STREET ADDRESS: 5652 BALKAN CT SW	CITY-ST-ZIP: FT MYERS FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VP	NAME: PETTY, LEE	3.1 TITLE: D	3.2 NAME:
STREET ADDRESS: 5666 BALKAN COURT SW	CITY-ST-ZIP: FT MYERS FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: VP	NAME: O'DONNELL, LOUIS	4.1 TITLE: S/T	4.2 NAME:
STREET ADDRESS: 5661 BADEN CT SW	CITY-ST-ZIP: FT MYERS FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: D	NAME: HEIDT, RALPH	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 5677 BADEN CT SW	CITY-ST-ZIP: FT MYERS FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don G. Gamache Date: 30 Apr 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)