


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
C/O MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT. MYERS FL 33907 US		C/O MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT. MYERS FL 33907 US	



3. Date Incorporated or Qualified	
02/09/1982	
4. FEI Number	Applied For
59-2208194	<input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US**

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, Fl. 33908 US**

24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STILPHEN, PETER C/O MARQUIS MANAGEMENT INC 12661 NEW BRITANNY BLVD FT. MYERS FL 33907		81' Stilphen, Peter 82' Marquis Management, Inc. 83' 9400 Gladiolus Drive #100 84' Fort Myers, FL 33908 US 85' Zip Code	

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	PD GAMACHE, DON 5679 BADEN CT SW FT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WATTERS, BETTY 5652 BALKAN CT SW FT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PD Reginald Havill
STREET ADDRESS		2.3 STREET ADDRESS	5676 Baden Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	VPD GRUBER, MARJORIE 1516 SAUTERN DR FT MYERS FL 33919	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD O'DONNELL, LOUIS 5661 BADEN CT SW FT MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Joe Kurti
STREET ADDRESS		4.3 STREET ADDRESS	5655 Baden Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	TD FOSSelman, DON T 5633 BADEN CT FT MYERS FL 33913	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SD
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald E. Gamache* DONALD E. GAMACHE 3 Apr 98

CP2E037 (10/97)