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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90089 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 761815**

1. Corporation Name  
**WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION TWELVE, ASSOCIATION, INC.**

Principal Place of Business C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DRIVE. #100NC FT. MYERS FL 33908 US	Mailing Address C/O MARQUIS MANAGEMENT INC 9400 GLADIOLUS DRIVE. #100 FT. MYERS FL 33908 US
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21. Principal Place of Business <b>21 THE MANAGEMENT CONNECTION, INC</b>	22. Mailing Address <b>22 THE MANAGEMENT CONNECTION, INC</b>	3. Date Incorporated or Qualified <b>02/09/1982</b>
Suite, Apt. #, etc. <b>13400 S. CLEVELAND AVE. # 203</b>	Suite, Apt. #, etc. <b>15400 S. CLEVELAND AVE # 203</b>	4. FEI Number <b>59-2208194</b>
City & State <b>FT. MYERS, FL</b>	City & State <b>FT. MYERS, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>33907</b>	Country <b>U.S.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**STILPHEN, PETER**  
**MARQUIS MANAGEMENT, INC**  
**9400 GLADIOLUS DRIVE, #100**  
**FT. MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **ARLENE A. FREDEN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **# 203**  
**13400 S. CLEVELAND AVE.**  
 83 **THE MANAGEMENT CONNECTION, INC**  
 84 City **FT. 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 *Arlene A. Freden* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAMACHE, DON	
STREET ADDRESS	5679 BADEN CT SW	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAVILL, REGINALD	
STREET ADDRESS	5676 BADEN CT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GRUBER, MARJORIE	
STREET ADDRESS	1516 SAUTERN DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIRTO. KPE	
STREET ADDRESS	5655 BADEN CT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOSELMAN, DON T	
STREET ADDRESS	5633 BADEN CT	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	JONES, JIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	5694 BALKAN CT.	
3.3 STREET ADDRESS	FT. MYERS FL 33919	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KURTTI, JOE	
4.3 STREET ADDRESS	5655 BADEN CT.	
4.4 CITY-ST-ZIP	FT. MYERS FL. 33919	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LYDY, DON	
5.3 STREET ADDRESS	5677 BADEN CT.	
5.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Don Fosselman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8 Feb 99** Date Daytime Phone #

CR2E037 (1/98)