


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90260 031 ****61.25

DOCUMENT # 761815

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



Principal Place of Business Mailing Address
 8270 COLLEGE PARKWAY #103 8270 COLLEGE PARKWAY #103
 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

~~FREDEN, ARLENE A~~
 8270 COLLEGE PARKWAY #103
 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name: GEORGE TEAGUE

Street Address (P.O. Box Number is Not Acceptable)

City: _____ FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 4/18/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. 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	VD	<input type="checkbox"/> Delete
NAME	MILOS, MILE	
STREET ADDRESS	5670 BALKAN COURT	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZUSPANN, JOHN	
STREET ADDRESS	5664 BALKAN CT	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRUBER, MARJORIE	
STREET ADDRESS	1516 SAVTERN DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Gamache STRUBER - CMM DATE: 4/18/2005 DAYTIME PHONE #: 239 415-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR