

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761815

FILED
Mar 05, 2009
Secretary of State

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

Current Principal Place of Business:

2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 - STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2208194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FOSSELMAN, DON
Address: 5653 BADEN CT
City-St-Zip: FORT MYERS, FL 33919

Title: TD () Delete
Name: HAVILL, REGINALD
Address: 5676 BADEN CT
City-St-Zip: FT MYERS, FL 33919

Title: PD () Delete
Name: MIKOS, MIKE
Address: 5670 BALKAN CT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: GOODE, CHUCK
Address: 5684 BALKAN CT
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: DAHLGREN, ESTHER
Address: 5665 BRADEN CT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HAVILL, JERRY
Address: 5676 BADEN CT
City-St-Zip: FT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE MIKOS

PD

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date