

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 725744 (7)  
1. Corporation Name  
WHISKEY CREEK VILLAGE GREEN SECTION THREE ASSOCIATION INC



Principal Place of Business  
5540 PENDLEWOOD LANE  
FORT MYERS FL 33919  
US

Mailing Address  
5540 PENDLEWOOD LANE  
FORT MYERS FL 33919  
US

3. Date Incorporated or Qualified 03/06/1973  
3a. Date of Last Report 06/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1453874	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNLEY, STUART  
5540 PENDLEWOOD LANE  
FT MYERS FL 33919

81 Name Mary Williams  
82 Street Address (P.O. Box Number is Not Acceptable) 5573 Hamlet Lane  
83  
84 City Ft. Myers FL 85 Zip Code 33919

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 Mary J. Williams

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	50
NAME	WILLIAMS, FRANK	1.2 NAME	Pat Slick
STREET ADDRESS	5573 HAMLET LANE	1.3 STREET ADDRESS	5548 Pendlewood
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft Myers FL
TITLE	PD	2.1 TITLE	VD
NAME	ZIMMERMAN, BETH	2.2 NAME	Edwin Rappe
STREET ADDRESS	5583 HAMLET LANE	2.3 STREET ADDRESS	5574 Pendlewood
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Ft Myers FL 33919
TITLE	SD	3.1 TITLE	D
NAME	BURNLEY, STUART	3.2 NAME	MARION Hobson
STREET ADDRESS	5540 PENDLEWOOD LN	3.3 STREET ADDRESS	5594 Pendlewood Ln.
CITY-ST-ZIP	FR MYERS FL	3.4 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE	TD	4.1 TITLE	
NAME	WILLIAMS, MARY	4.2 NAME	
STREET ADDRESS	5573 HAMLET LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZACHARIAS, ARTHUR	5.2 NAME	
STREET ADDRESS	5554 PENDLEWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	800001750298
NAME	RAPPE, EDWIN F.	6.2 NAME	-03/20/96--01002--034
STREET ADDRESS	5574 PENDLEWOOD LN	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	FT MYERS FL	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: Mary J. Williams Date 3-4-96 Daytime Phone 9414820572

CR2E037 (12/95)