


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90036 041 \*\*\*\*61.25

<b>DOCUMENT # 723540</b>	
1. Entity Name <b>WHISKEY CREEK VILLAGE GREEN SECTION ONE ASSOCIATION, INC</b>	

Principal Place of Business <b>1503 WHISKEY CREEK DR. FT. MYERS, FL 33919</b>	Mailing Address <b>1503 WHISKEY CREEK DR. FT. MYERS, FL 33919</b>
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2. Principal Place of Business <b>5548 WESTWIND LN</b>	3. Mailing Address <b>5548 WESTWIND LN.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State <b>FORT MYERS, FL</b>	City & State <b>FORT MYERS, FL</b>
Zip <b>33919</b>	Country <b>USA</b>
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Zip <b>33919</b>	Country <b>USA</b>

4. FEI Number <b>23-7204800</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>EDWARDS, JOHN 1503 WHISKEY CREEK DR FORT MYERS, FL 33919</b>	7. Name and Address of New Registered Agent Name <b>HERB CAHILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5548 WESTWIND LN.</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33919</b>
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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 **HERBERT CAHILL - TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDWARDS, LAURA 1503 WHISKEY CREEK DRIVE FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HIGGINS, MARIANNE 5594 WESTWIND LN FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KALDAHL, BARBARA 5564 WESTWIND LANE FT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COOK, CLAIR 5560 WESTWIND LANE FT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RALPH LEIDI 1523 WHISKEY CREEK DR FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GALLIVAN, PAULA 1499 WHISKEY CREEK DR FT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EDWARDS, JOHN 1503 WHISKEY CREEK DR. FT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HERBERT CAHILL 5548 WESTWIND LN FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KADISH, SAM 1491 WHISKEY CREEK DRIVE FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KADISH, SAM 1491 WHISKEY CREEK DR FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit with all other fees empowered.

SIGNATURE: **HERBERT CAHILL - TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05

Date

433-0892

Daytime Phone #