


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90086 047 ****61.25

DOCUMENT # 723540 1. Entity Name WHISKEY CREEK VILLAGE GREEN SECTION ONE ASSOCIATION, INC					
Principal Place of Business 5548 WESTWIND LN FT. MYERS, FL 33919			Mailing Address 5548 WESTWIND LN FT. MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 1499 WHISKEY CREEK DR		3. Mailing Address 1499 WHISKEY CREEK DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 23-7204800	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAHILL, HERB 5548 WESTWIND LN FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name PAULA GALLIVAN Street Address (P.O. Box Number is Not Acceptable) 1499 WHISKEY CREEK DR City FORT MYERS FL Zip Code 33919		
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 <u>Paula Gallivan 3/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELIZZI, FRANCES <input type="checkbox"/> Delete 5574 WESTWIND LN FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADELIZZI, FRANCES 5574 WESTWIND LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete LENDI, RALPH 1523 WHISKEY CREEK DR FT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHULTZ, HENRY 1495 WHISKEY CREEK DR FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete CAHILL, HERBERT 5548 WESTWIND LN FT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ADELIZZI, PAUL 5574 WESTWIND LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete GALLIVAN, PAULA 1499 WHISKEY CREEK DR FT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete KADISH, SAM 1491 WHISKEY CREEK DR FT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TASTULA, RONALD 1511 WHISKEY CREEK DR FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KADISH, SAM 1491 WHISKEY CREEK DRIVE FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLEARY, JAMES 1503 WHISKEY CREEK DR FORT MYERS, FL 33919	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ronald W. Tastula President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-27-07 239-481-0189 <small>Date Daytime Phone #</small>		

40054678



02222007 Chg-NP CR2E037 (12/06)