

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723540

FILED
Feb 17, 2009
Secretary of State

Entity Name: WHISKEY CREEK VILLAGE GREEN SECTION ONE ASSOCIATION, INC

Current Principal Place of Business:

1499 WHISKEY CREEK DR
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1499 WHISKEY CREEK DR
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 23-7204800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLIVAN, PAULA
1499 WHISKEY CREEK DR
FORT MYERS, FL 33919 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: VD () Delete
Name: ADELIZZI, FRANCES
Address: 5574 WESTWIND LN
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: ADELIZZI, PAUL
Address: 5574 WESTWIND LANE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: SHULTZ, HENRY
Address: 1495 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: SD () Delete
Name: GALLIVAN, PAULA
Address: 1499 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: PD () Delete
Name: TASTULA, RONALD
Address: 1511 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: CLEARY, JAMES
Address: 1503 WHISKEY CREEK DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RONALD W. TASTULA

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date