

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726260

FILED
Jan 14, 2010
Secretary of State

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

Current Principal Place of Business:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-1452912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FT. 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: TD
Name: COSSAIRT, JAMES
Address: 5584 HAMLET LANE
City-St-Zip: FORT MYERS, FL 33919 US

Title: PD
Name: KOTCAMP, JANICE
Address: 5593 WESTWIND LANE
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: ROBINSON, LAURA
Address: 5585 WESTWIND LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: VOLKMAN, JOE
Address: 1436 TREDEGAR DRIVE
City-St-Zip: FT MYERS, FL 33919

Title: D
Name: KENNEDY, RICHARD
Address: 5597 WESTWIND LANE
City-St-Zip: FT MYERS, FL 33919

Title: SD
Name: TEMPLE, JOAN
Address: 5573 WESTWIND LANE
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: JAMES COSSAIRT

TD

01/14/2010

Electronic Signature of Signing Officer or Director

Date