

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 021 ****61.25

DOCUMENT # 728211

1. Entity Name

**WHISKEY CREEK COUNTRY CLUB ESTATES CIVIC
ASSOCIATION**



Principal Place of Business

**1449 WHISKEY CREEK DR
FT MYERS FL 33919**

Mailing Address

**1449 WHISKEY CREEK DR
FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2389395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONDE, ROBERT
1449 WHISKERY CREEK DR.
STE 101
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CONDE, ROBERT 1449 WHISKEY CREEK DR FT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLACK, DAN 1449 WHISKEY CREEK DR FT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEM, JULIE 1449 WHISKEY CREEK DR FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMMACHE, RUTH 1449 WHISKEY CREEK DR FT MYERS FL 33919	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ALTRUI, AMY 1449 WHISKEY CREEK DR FT MYERS FL 33919	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, CHIP 1449 WHISKEY CREEK DR FT MYERS FL 33919	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OXNARD, ROBERT 1449 WHISKEY CREEK DR FT MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD LAMACH, BERNARD 1449 WHISKEY CREEK DR. FT MYERS, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIDRY, JAMES 1449 WHISKEY CREEK DR FT MYERS, FL 33919	☐ Change ☒ 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 address, with all other like empowered.

SIGNATURE:

BERNARD D. LAMACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/05

(234)

Daytime Phone #

590-0395