2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 728211

1. Entity Name
WHISKEY CREEK COUNTRY CLUB ESTATES CIVIC ASSOCIATION

FILED
08 MAR -3 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1449 WHISKEY CREEK DR FT MYERS, FL 33919	1449 WHISKEY CREEK DR FT MYERS, FL 33919

01122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
CONDE, ROBERT 1449 WHISKERY CREEK DR. STE 101 FORT MYERS, FL 33919	Name BERNARD D. LAMACH Street Address (P.O. Box Number is Not Acceptable) 1449 WHISKEY CREEK DR City FT. 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.

000121257040
03/25/08--01057--027 **20.00

SIGNATURE BERNARD D. LAMACH, TREAS. Bernard D Lamach 2/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	DP GILCHER, JEAN K. 1449 WHISKEY CR. DR FT. MYERS, FL, 33919	☒ Change ☐ Addition
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	DV ~~ROBERT~~ OXNARD, ROBERT 1449 WHISKEY CR. DR. FT MYERS, FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OXNARD, ROBERT 1449 WHISKEY CREEK DR FT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLACKETER, SUSAN 1449 WHISKEY CR. DR. FT. MYERS, FL 33919	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAMACH, BERNARD 1449 WHISKEY CREEK DR FT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LAMACH, BERNARD D. 1449 WHISKEY CR. DR FT. MYERS, FL, 33919	☒ Change ☐ Addition
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 BENNETT, MICHELE 1449 WHISKEY CR. DR FT. MYERS, FL, 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAIDRY, JAMES 1449 WHISKEY CREEK DR FT MYERS, FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D'ALTRUI, AMY 1449 WHISKEY CR. DR FT MYERS, FL, 33919	☒ Change ☐ Addition

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: Bernard D Lamach 2/25/08 (239) 590-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

61.25
8.75