

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728211

FILED
Feb 22, 2009
Secretary of State

Entity Name: WHISKEY CREEK CIVIC ASSOCIATION, CORP.

Current Principal Place of Business:

1449 WHISKEY CREEK DR
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1449 WHISKEY CREEK DR
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2389395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMACH, BERNARD D
1449 WHISKERY CREEK DR.
STE 101
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: DP () Delete
Name: GILCHER, JEAN K
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: DV () Delete
Name: OXNARD, ROBERT
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: S () Delete
Name: BLACKETER, SUSAN
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: DT () Delete
Name: LAMACH, BERNARD D
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: BENNETT, MICHELE
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: D'ALTRUI, AMY
Address: 1449 WHISKEY CREEK DR
City-St-Zip: FT 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: BERNARD D LAMACH

DP

02/22/2009

Electronic Signature of Signing Officer or Director

Date