

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729700

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: WHISKEY CREEK COUNTRY CLUB, INC.

**Current Principal Place of Business:**

1449 WHISKEY CREEK DR.  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

1449 WHISKEY CREEK DR.  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 59-1531387      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUEHN, MICHAEL  
5343 CHIPPENDALE CIRCLE  
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: PD ( ) Delete  
Name: KOTCAMP, ROLAND  
Address: 5593 WESTWIND AVENUE  
City-St-Zip: FT MYERS, FL 33919 US

Title: VD ( ) Delete  
Name: ROBERTS, RICHARD  
Address: 1450 WHISKEY CREEK DRIVE  
City-St-Zip: FT MYERS, FL 33919 US

Title: VD ( ) Delete  
Name: MEROLA, FRANK  
Address: 5844 CRABWOOD COURT  
City-St-Zip: FT. MYERS, FL 33919 US

Title: TD ( ) Delete  
Name: PATRICIA, KELLY  
Address: 5585 PENDLEWOOD LANE  
City-St-Zip: CAPE CORAL, FL 339919

Title: SD ( ) Delete  
Name: MORGAN, RUTH  
Address: 15090 LAKESIDE VIEW DRIVE #1503  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: HEARD, SHIRLEY  
Address: 13731 MARKHAM LANE APT P-6  
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: TD (X) Change ( ) Addition  
Name: PATRICIA, KELLY  
Address: 5585 PENDLEWOOD LANE  
City-St-Zip: FORT MYERS, FL 33919 US

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

Title: D (X) Change ( ) Addition  
Name: SZEKELY, PATRICIA  
Address: 8915 BAYTOWNE LOOP  
City-St-Zip: FORT MYERS, FL 33908

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: PATRICIA KELLY

T

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date