

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

DOCUMENT# 729700

**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:**

TEEGARDEN, BOB  
1449 WHISKEY CREEK DRIVE  
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  
Name: TEEGARDEN, ROBERT  
Address: 1359 TANGLEWOOD PKWY  
City-St-Zip: FT MYERS, FL 33919 US

Title: VD  
Name: MELTON, JIM  
Address: 5424 BRANDY CIRCLE EAST  
City-St-Zip: FT MYERS, FL 33919 US

Title: VD  
Name: SLITER, DAN  
Address: 1449 WHISKEY CREEK DRIVE  
City-St-Zip: FT. MYERS, FL 33919 US

Title: TD  
Name: GROCHMAL, MARY  
Address: 1417 WHISKEY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

Title: SD  
Name: MORGAN, RUTH  
Address: 15090 LAKESIDE VIEW DRIVE #1503  
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: BOB TEEGARDEN

PRES

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date