

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

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90033 004 \*\*\*\*61.25

**DOCUMENT # 741391**  
 1. Entity Name  
**WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION SEVEN ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4875 TREOEGAR LN**      **4875 TREOEGAR LN**  
**FT. MYERS FL 33919-2746**      **FT. MYERS FL 33919-2746**

2. Principal Place of Business      3. Mailing Address  
**4875 TREDEGAR LN**      **4875 TREDEGAR LN**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FT. MYERS FL**      **FT. MYERS FL**  
 Zip      Country      Zip      Country  
**33919-2746**      **33919-2746**

5000-1244  
  
 1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**TOUTON, CHARLIE**  
**4875 TREOEGAR LN**  
**FT. MYERS FL 33919-2746**  
*(DAS IN DAVID)*

4. FEI Number      Applied For  
**59-1886854**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

7. Name and Address of New Registered Agent  
 Name      **WALTON, ALAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4875 TREDEGAR LN.**  
 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.  
 SIGNATURE Alan J. Walton      DATE JAN 21 / 2005  
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 | VPD LIPPY, GLEN 4817 TREDEGAR LANE FT MYERS FL 33919      | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LIPPY, GLEN 4845 TREOEGAR LN FORT MYERS FL 33919       | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WALTON, ALAN J 4875 TREOEGAR LANE FT MYERS FL 33919    | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOHNSON, ROLANA 4845 TREDEGAR LANE FORT MYERS FL 33919 | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                       |                           |  |
|---------------------------------------|---------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4845 TREDEGAR LN.         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREDEGAR 4875 TREDEGAR LN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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: Alan J. Walton      DATE: JAN 21 / 2005      239-454-3375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #