


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 002 ****61.25

DOCUMENT # 741391			
1. Entity Name WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION SEVEN ASSOCIATION, INC.			
Principal Place of Business 4875 TREDEGAR LN FORT MYERS FL 33919-2746		Mailing Address 4875 TREDEGAR LN FORT MYERS FL 33919-2746	
2. Principal Place of Business / No P.O. Box # <i>4829 Tredegar Ln</i>		3. Mailing Address <i>4829 Tredegar Ln</i>	
Suite, Apt. #, etc. <i>FT. Myers, FL</i>		Suite, Apt. #, etc. <i>FT. Myers, FL</i>	
City & State		City & State	
Zip <i>33919</i>	Country <i>Lee</i>	Zip <i>33919</i>	Country <i>Lee</i>
6. Name and Address of Current Registered Agent SHEPHARD, CLARENCE 4829 TREDEGAR LN FORT MYERS FL 33919		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: <i>Clarence Shephard</i>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
DATE			



1st MOORE CR2E037 (10/07)

4. FEI Number 59-1886854	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPPY, GLEN 4817 TREDEGAR LANE FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Gene Franka 5545 Williamson Way FT Myers, FL 33919</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEPARD, CLARENCE 4829 TREDEGAR LANE FT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Barbara J Steigman 1586 Tredegar Dr. FT Myers, FL 33919</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, ROLANA 4845 TREDEGAR LANE FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Kathleen Brennan 4841 Tredegar Ln FT Myers, FL 33919</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PP Glen Lippy 4817 Tredegar Ln FT. Myers, FL 33919</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Section 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: *Clarence Shephard*