2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005
Secretary of State

DOCUMENT# 743253

Entity Name: WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION EIGHT ASSOCIATION, INC.

Current Principal Place of Business:

5447 CAPBERN CT.
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC
12650 WHITEHALL DR
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 59-1891985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK
12650 WHITEHALL DR
FT MYERS, FL 33907 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: SD ( ) Delete
Name: HALLIBURTON, GLENNA
Address: 1559 WHISKEY CREEK DR
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: COOK, RAY
Address: 5487 CAPBERN CT
City-St-Zip: FT. MYERS, FL 33919

Title: TD ( ) Delete
Name: SHERWOOD, MARGARET
Address: 1567 WHISKEY CREEK DR
City-St-Zip: FT. MYERS, FL 33919

Title: VD ( ) Delete
Name: WADZUK, TOM
Address: 5475 CAPBERN CT
City-St-Zip: FT. MYERS, FL 33919

Title: PD ( ) Delete
Name: HERRINGSHAW, RODGER
Address: 1551 WHISKEY CREEK DR
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: CRENWICK, KATHLEEN
Address: 5491 CAPBERN CT #821
City-St-Zip: FT. MYERS, FL 33919

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 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 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: RODGER HERRINGSHAW PRES 03/25/2005

Electronic Signature of Signing Officer or Director — Date