

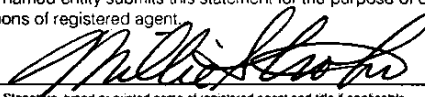
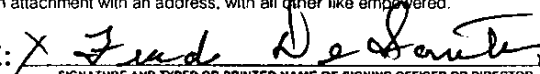


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90066 033 ****61.25

DOCUMENT # 743253 1. Entity Name WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION EIGHT ASSOCIATION, INC.			
Principal Place of Business 5447 CAPBERN CT. FORT MYERS, FL 33919 US		Mailing Address C/O BENSON'S INC 12650 WHITEHALL DR FT MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Alliant Property Management, LLC 6719 Winkler Rd. Suite 200 Fort Myers, FL 33919	
			
		01032008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1891985	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Alliant Property Management, LLC 6719 Winkler Rd. Suite 200 Fort Myers, FL 33919	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in accordance with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		3-3-08 <small>DATE</small>	
Filing 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD CRENICK, KATHLEEN <input checked="" type="checkbox"/> Delete	TITLE	VD LINDA D. ROCCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRENICK, KATHLEEN	NAME	5491 CAPBERN CT # 821
STREET ADDRESS	5491 CAPBERN CT #821	STREET ADDRESS	FORT MYERS FL 33919
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	D <input type="checkbox"/> Delete	TITLE	TO PEGGY SHERWOOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, RAY	NAME	1567 WHISKEY CREEK DR
STREET ADDRESS	5487 CAPBERN CT	STREET ADDRESS	FORT MYERS FL 33919
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, DAVID	NAME	
STREET ADDRESS	1583 WHISKEY CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, MARY D	NAME	
STREET ADDRESS	5435 CAPBERN CT	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, FERDINAND	NAME	
STREET ADDRESS	1547 WHISKEY CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-3-08 <small>Date Daytime Phone #</small>	