


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 014 ****61.25

DOCUMENT # 743796	
1. Entity Name	
WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION SIX, ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
5597 TRELIS LANE FT MYERS FL 33919 US	5597 TRELIS LANE FT MYERS FL 33919 US

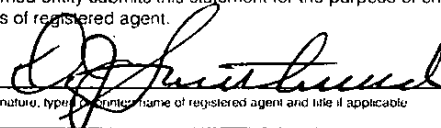
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-1722195		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		
SOUTHWICK, DONALD J 5597 TRELIS LANE FT. MYERS FL 33919		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL 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  DATE 1/24/06

Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIERSTRAD, MARVIN	NAME	
STREET ADDRESS	5584 WILLIAMSON WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMON, MILAN	NAME	
STREET ADDRESS	5570 WILLIAMSON WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHWICK, DONALD J	NAME	
STREET ADDRESS	5597 TRELIS LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAN, HERMAN	NAME	D MICHAEL HUMPHREYS
STREET ADDRESS	5570 WILLIAMSON WAY	STREET ADDRESS	5583 TRELIS LANE
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLUM, THERESA	NAME	ROBERT WILLIAMS
STREET ADDRESS	5588 WILLIAMSON WAY	STREET ADDRESS	5554 WILLIAMSON WAY
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	FT. MYERS, FL 33919
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 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:  DATE 1/24/06