

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 002 ****61.25

DOCUMENT # 743796

1. Entity Name

**WHISKEY CREEK VILLAGE GREEN CONDOMINIUM,
SECTION SIX, ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**5597 TRELLIS LANE
FT MYERS FL 33919
US**

**5597 TRELLIS LANE
FT MYERS FL 33919
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-1722195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWICK, DONALD J
5597 TRELLIS LANE
FT. MYERS FL 33919**

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

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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 ☒ Delete
NAME **KIERSTRAD, MARVIN**
STREET ADDRESS **5384 WILLIAMSON WAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME **VPD HERMON, MILAN**
STREET ADDRESS **5570 WILLIAMSON WAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME **TD SOUTHWICK, DONALD J**
STREET ADDRESS **5597 TRELLIS LANE**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME **D HUMPHREYS, MICHAEL**
STREET ADDRESS **5563 TRELLIS LN**
CITY-ST-ZIP **FORT MYERS FL 33-919**

TITLE ☐ Delete
NAME **SD WILLIAMS, ROBERT**
STREET ADDRESS **5554 WILLIAMS WAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **SD BEVERLY OSCARIN**
STREET ADDRESS **1536 CRENSHAW, FT MYERS 33919**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P KRITH TOBECK**
STREET ADDRESS **5553 TRELLIS LANE**
CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

8/3/07

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433-0900