2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743796

FILED Apr 29, 2008 Secretary of State

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

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	LIS LANE S, FL 33919	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	LIS LANE 3, FL 33919	US			
FEI Number:	: 59-1722195	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
5597 TREL	ICK, DONALD LLIS LANE S, FL 33919	J US			
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electroni	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () TOBACK, KEITH 5553 TRELLIS L FORT MYERS, I	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () HERMON, MILA 5570 WILLIAMS FORT MYERS, I	SON WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	TD () SOUTHWICK, D 5597 TRELLIS L FORT MYERS, I	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HUMPHREYS, M 5563 TRELLIS L FORT MYERS, I	_N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD () OSCEIN, BEVER 5553 TRELLIS L		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD J. SOUTHWICK TD 04/29/2008