

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743796

FILED
Apr 12, 2011
Secretary of State

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

Current Principal Place of Business:

5597 TRELIS LANE
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

5597 TRELIS LANE
FT MYERS, FL 33919 US

New Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104 US

FEI Number: 59-1722195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWICK, DONALD J
5597 TRELIS LANE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

WILLIAMS, BOB
5554 WILLIAMSON WAY
FT. MYERS, FL 33919 US

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: BOB WILLIAMS

04/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILLIAMS, BOB
Address: 5554 WILLIAMSON WAY
City-St-Zip: FORT MYERS, FL 33919

Title: VP
Name: LEES, JACK
Address: 5585 TRELIS LANE
City-St-Zip: FORT MYERS, FL 33919

Title: T
Name: SOUTHWICK, DONALD J
Address: 5597 TRELIS LANE
City-St-Zip: FORT MYERS, FL 33919

Title: S
Name: BASTIAN, BETSI
Address: 5594 WILLIAMSON WAY
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: OSTIEN, BEVERLY
Address: 1556 TREDEGAR
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: BOB WILLIAMS

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date