

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747572

FILED
Feb 08, 2007
Secretary of State

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

Current Principal Place of Business:

5460 CAPBERN COURT
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07145
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-1966672 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAPHAM, LOUANNE
5460 CAPBERN COURT
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LAPHAM, LOUANNE
Address: 5460 CAPBERN COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: CHRIST, ALEX,
Address: 5456 CAPBERN CT, SW
City-St-Zip: FT. MYERS, FL 33919

Title: PD () Delete
Name: NEUMAN, BARBARA
Address: 5583 BURNING CT
City-St-Zip: FT MEYERS, FL 33919

Title: D () Delete
Name: HOGAN, LOUIS N
Address: 5589 BURING CT SW
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: D'ACUNTO, FELICIA
Address: 5448 CAPBERN CT SW
City-St-Zip: FORT MYERS, FL 33919

Title: DVP () Delete
Name: FALLERT, HELEN
Address: 5573 BURING COURT, SW
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAUGHMAN, KAREN
Address: 5492 CAPBERN CT.
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FELICIA D'ACUNTO

T

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date