## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747572** 

FILED Feb 01, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 5460 CAPBERN COURT 5448 CAPBERN COURT FT MYERS, FL 33919 FT MYERS, FL 33919 **Current Mailing Address: New Mailing Address:** P.O. BOX 07145 FORT MYERS, FL 33919 FEI Number: 59-1966672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAPHAM, LOUANNE 5460 CAPBERN COURT FORT 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LAPHAM, LOUANNE Name: Name: 5460 CAPBERN COURT Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CHRIST, ALEX, Name: Name: Address: 5456 CAPBERN CT. SW Address: City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: Title: () Delete Title: PD (X) Change ( ) Addition NEUMAN, BARBARA FALLERT, HELEN Name: Name: 5583 BURNING CT Address: Address: 5573 BURING CT. City-St-Zip: FT MEYERS, FL 33919 City-St-Zip: FT MYERS, FL 33919 Title: ( ) Delete Title: D (X) Change ( ) Addition Name: MIDDLEKAUFF, PATRICIA Name: HOGAN, NEWELL 5575 BURNING CT Address: Address: 5589 BURING CT. City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919 Title: () Delete Title: () Change () Addition D'ACUNTO, FELICIA Name: Name: 5448 CAPBERN CT SW Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FALLERT, HELEN NEWMAN, BARBARA Name: Name: 5583 BURING CT Address: 5573 BURING COURT, SW Address: FORT MYERS, FL 33919 FORT MYERS, FL 33919 City-St-Zip: City-St-Zip:

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: FELICA D'ACUNTO TRES 02/01/2009