


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90004 023 \*\*\*\*61.25

<b>DOCUMENT # 748069</b>	
1. Entity Name <b>WHISKEY CREEK ADULT CONDOMINIUM, II ASSOCIATION, INC.</b>	

Principal Place of Business <b>6700 WINKLER RD #2 FORT MYERS, FL 33919</b>	Mailing Address <b>6700 WINKLER RD #2 FORT MYERS, FL 33919</b>
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2. Principal Place of Business - No P.O. Box # <b>6719 Winkler Road</b>	3. Mailing Address <b>6719 Winkler Road</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>

City & State <b>Fort Myers, Florida</b>	City & State <b>Fort Myers, Florida</b>
Zip <b>33919</b>	Zip <b>33919</b>
Country <b>USA</b>	Country <b>USA</b>



02232007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2072287</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>ALLIANT PROPERTY MANAGEMENT, LLC 6700 WINKLER RD. SUITE 2 FT. MYERS, FL 33919</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable) <b>6719 Winkler Road</b>
Suite <b>Suite 200</b>
City <b>Fort Myers</b>
State <b>FL</b>
Zip Code <b>33919</b>

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVIS, JEANNE 6142 WHISKEY CREEK DR., #624 FORT MYERS, FL 33919</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T OPFERMAN, DOROTHY 6108 WHISKEY CREEK DR # 109 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VOLPE, ROBERT 6146 WHISKEY CREEK #509 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NELSON, JUDITH 6146 WHISKEY CREEK #728 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LITTLE, PATRICIA 6116 WHISKEY CREEK #303 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D Len Macari 6142 Whiskey Creek Dr # 617 Fort Myers, FL 33919</b>	

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.

<b>SIGNATURE:</b> 	DATE _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		