# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008 8:00 am**
**Secretary of State**
02-18-2008 90018 004 ****61.25

DOCUMENT # 751281

1. Entity Name
WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION TEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5588 BURING COURT<br>FT MYERS, FL 33919 US | % BENSON'S INC<br>12650 WHITEHALL DR<br>FT MYERS, FL 33907 US |

01292008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1975799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VANDALL, BONITA D<br>12650 WHITEHALL DRIVE<br>FT MYERS, FL 33907 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARRIERE, RAYMONDE<br>5675 BOLLA CT<br>FORT MYERS, FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCVEAN, ROSE MARY<br>5570 BURING COURT<br>FORT MYERS, FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>KROUSCUP, MARILYN<br>~~5695~~ BOLLA CT (5665)<br>FT. MYERS, FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>STD<br>KROUSCUP, MARILYN<br>5665 BOLLA CT<br>FORT MYERS, FL 33919 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MILLS, RUTH<br>~~5596~~<br>~~5596~~ BURING CT 5596 OK<br>FT. MYERS, FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~SCHAFFER, LAWRENCE~~<br>~~5607 BOLLA CT~~<br>~~FORT MYERS, FL 33919~~ | ☒ Delete<br>not a Board member in 2008 Resigned in 2007 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>SHERIDAN, WILLIAM<br>5580 BURING CT<br>FORT MYERS, FL 33919 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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.

**SIGNATURE:** Rose Mary McVean 2/2/08 2394818507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #