

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756276

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5694 BOLLA COURT  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 07191  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 59-2168254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONDE, ROBERT V P  
5694 BOLLA 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: P ( ) Delete  
Name: CONDE, ROBERT V  
Address: 5694 BOLLA COURT  
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP ( ) Delete  
Name: BOBAK, ANTHONY  
Address: 5684 BOLLA COURT  
City-St-Zip: FORT MYERS, FL 33919 US

Title: T ( ) Delete  
Name: JAFFE, DAVID L  
Address: 5685 BALKAN COURT  
City-St-Zip: FT MYERS, FL 33919 US

Title: S ( ) Delete  
Name: HARRIS, STELLA B  
Address: 5666 BOLLA CT.  
City-St-Zip: FORT MYERS, FL 33919 US

Title: D ( ) Delete  
Name: FORMAN, LELAND  
Address: 5661 BALKAN COURT  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: LEWANDOWSKI, ANDREW D  
Address: 5691 BALKAN CT  
City-St-Zip: FT MYERS, FL 33919 US

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 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: ROBERT CONDE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date