
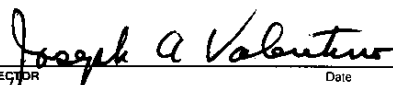


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90005 028 ****61.25

DOCUMENT # 770452 1. Entity Name WHISKEY CREEK VILLAGE GREEN CONDOMINIUM, SECTION THIRTEEN, ASSOCIATION, INC.					
Principal Place of Business 5695 ARVINE CIRCLE FT. MYERS, FL 33919			Mailing Address 2801 G ESTERO BLVD. FORT MYERS BEACH, FL 33931-3530		
2. Principal Place of Business 5660 BADEN COURT		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State		4. FEI Number 59-2367148	
Zip 33919		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State FORT MYERS, FL		City & State		6. Name and Address of Current Registered Agent HAMMOND, BURTON 5695 ARVINE CIRCLE FORT MYERS, FL 33919	
Zip 33919		Country		7. Name and Address of New Registered Agent Name JOSEPH VALENTINO Street Address (P.O. Box Number is Not Acceptable) 5660 BADEN COURT City FORT MYERS FL Zip Code 33919	
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 <u>JOSEPH VALENTINO, PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HAMMOND, BURTON 5695 ARVINE CIRCLE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOSEPH VALENTINO 5660 BADEN COURT FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BENTON, ERNEST 5658 BADNE COURT FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5658 BADEN COURT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VALENTINO, JOE 5660 BDAEN COURT FT MEYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD IRVING MANSFIELD 5665 IRVINE CIRCLE FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPROAT, CHARLENE 5697 ARVINE CIRCLE FORT MYERS, FL 33919	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOSEPH VALENTINO, PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;">  Date _____ Daytime Phone # _____ </div>					

ATTACHMENT

20047764
778452

Mrs. Valentino:

1/26/06

As you can see this was sent
in but didn't have enough information
so please sign in 2 places &
send on with the check in the
enclosed envelope -

Thanks -

sorry about Loria Peterson
That!