2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90043 008 ****61.25

DOCL	JMEI	NT #	‡770	452

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



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5660 BADE	ce of Busines: N CT S, FL 33919		2801	g Address 1 G ESTERO BLVD. 1 MYERS BEACH, FL	33931-3530		4006 -	6969			
								A CON COL COL COL			
2. Principal Place of Business - No P.O. Box # 3.		3. Mail	3. Mailing Address 377-19 CYPRESS LAKE DR.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102007 Chg-NP CR2E037 (12/06)						
City & State		City & State FORT MYERS, FL			4. FEI Number						
Zip	Country			2 Zip Coun			5 Certificate of Status Desired \$8.75 Add			t Applicable litional	
	6 Nama	and Address of Current		<u></u>	LEE		7. Name and Ad		F	ee Require	d
			Kañisrasa	d Agent	Name		7. Name and Ad	IGIOSS OI NOW H	egistered A	gent	
VALENTINO, JOSEPH 5660 BADEN CT				Street	Address (P.O. Box Number i	s Not Acceptable	3)			
FORT MY	ERS, FL 3	33919									
					City			,	FL	Zip Code	9
8. The above	e named entity	y submits this statement for	r the purp	ose of changing its re	gistered office	or register	ed agent, or both,	in the State of Flo		ımiliar with,	and accept
trie obliga	itions of regist	ered agent.									
SIGNATURE											
	Signature, typed	or printed name of registered agent a	and tale if app	ecable. (NOTE: R	legistered Agent aign	ature required	when reinstating)		DATE		
				•							
	_	e is \$61.25 lay 1, 2007		9. Election Campa Trust Fund Cor			\$5.00 May Be Added to Fees	1	ake check ida Departr		
10.	Due by M		RECTORS	Trust Fund Cor	ntribution.			Flor	ida Departr RS AND DIRE	nent of St	ate 10
10. TITLE NAME	PD PD	OFFICERS AND DIR	RECTORS		11.		Added to Fees	Flor	ida Departr RS AND DIRE	nent of St	ate
TITLE	PD PD	OFFICERS AND DIR	RECTORS	Trust Fund Cor	ntribution.	A	Added to Fees	Flor	ida Departr RS AND DIRE	nent of St	ate 10
TITLE NAME	PD VALENTIN 5660 BAD FORT MY	OFFICERS AND DIR	RECTORS	Trust Fund Cor	11. ITILE NAME	A	Added to Fees	Flor	ida Departr RS AND DIRE	nent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD VALENTIN 5660 BAD FORT MY	OFFICERS AND DIR OFFICERS AND DIR NO, JOSEPH EN CT ERS, FL 33919	RECTORS	Trust Fund Cor	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	A	Added to Fees	Flor	ida Departr	nent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VALENTIN 5660 BAD FORT MY TD BENTON,	OFFICERS AND DIR OFFICERS AND DIR NO, JOSEPH EN CT ERS, FL 33919 ERNEST	RECTORS	Trust Fund Cor	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	- A	Ádded to Fees	Flor	ida Departr	nent of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD VALENTIN 5660 BAD FORT MY TD BENTON, 5658 BAD	OFFICERS AND DIR OFFICERS AND DIR NO, JOSEPH EN CT ERS, FL 33919 ERNEST	RECTORS	Trust Fund Cor	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	A	Ádded to Fees	Flor	ida Departr	nent of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD VALENTIN 5660 BAD FORT MY TD BENTON, 5658 BAD	OFFICERS AND DIR OFFICERS AND DIR NO, JOSEPH EN CT ERS, FL 33919 ERNEST EN CT	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	- A	Ádded to Fees	Flor	Ida Departr	nent of St ECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD VALENTIN 5660 BAD FORT MY BENTON, 5658 BAD FORT MY VPD MANSFIEL	OFFICERS AND DIR OFFICERS AND DIR OO, JOSEPH EN CT ERS, FL 33919 ERNEST EN CT ERS, FL 33919 LD, IRVING	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	548	Ádded to Fees	Flor	Ida Departr	nent of St ECTORS IN Change	10 Addition Addition
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP