

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02723

FILED
Jan 12, 2010
Secretary of State

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

5771 ARVINE CIRCLE
FORT MYERS, FL 33919 US

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Mailing Address:

5771 ARVINE CIRCLE
FORT MYERS, FL 33919 US

FEI Number: 59-2457506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOAN P
5771 ARVINE CIRCLE
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: TD
Name: JACKSON, CATHERINE
Address: 5751 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP
Name: WISE, WENDY
Address: 5753 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: SD
Name: BOBO, SUNSHINE
Address: 5654 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: PD
Name: SMITH, JOAN P
Address: 5771 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: D
Name: BUCHER, GEORGE
Address: 5767 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: JOAN P. SMITH

PD

01/12/2010

Electronic Signature of Signing Officer or Director

Date