

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 17, 2009
Secretary of State

DOCUMENT# N07000003737

Entity Name: THE OAKS AT WHISKEY CREEK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**P&M PROPERTY MGMT
14360 S TAMiami TRL UNIT B
FORT MYERS, FL 33912**New Principal Place of Business:****Current Mailing Address:**P&M PROPERTY MGMT
14360 S TAMiami TRL UNIT B
FORT MYERS, FL 33912**New Mailing Address:****FEI Number:** 74-3239719**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAPP, PAUL
14360 S TAMiami TL
UNIT B
FORT MYERS, FL 33912 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:** PRES () Delete
Name: RODGERS, MARK
Address: 14360 S TAMiami TRAIL, B
City-St-Zip: FT MYERS, FL 33912**Title:** T/S () Delete
Name: SULLIVAN, JACK
Address: 14360 S TAMiami TRAIL, B
City-St-Zip: FT MYERS, FL 33912**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: BOLNICK, ANDREW
Address: 14360 S TAMiami TRAIL, B
City-St-Zip: FT MYERS, FL 33912**Title:** D (X) Change () Addition
Name: SULLIVAN, JACK
Address: 14360 S TAMiami TRAIL, B
City-St-Zip: FT MYERS, FL 33912**Title:** S/T () Change (X) Addition
Name: ANDERSON, ERICA
Address: 14360 SOUTH TAMiami TRAIL, UNIT B
City-St-Zip: FT. MYERS, FL 33912

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: ANDREW BOLNICK

PRES

07/17/2009

Electronic Signature of Signing Officer or Director

Date