

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 20, 2008 8:00 am
Secretary of State

05-28-2008 90014 050 ****61.25

DOCUMENT # N07000003748

1. Entity Name
OAKS AT WHISKEY CREEK CONDOMINIUM 3
ASSOCIATION, INC.



Principal Place of Business
11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176

Mailing Address
11030 N. KENDALL DRIVE
SUITE 100
MIAMI, FL 33176

66014564



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

04302008

Chg-NP

CR2E037 (12/06)

4. FEI Number

74-3239721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE
SUITE 350
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
PAUL SAPP

Street Address (P.O. Box Number is Not Acceptable)
14360 S. TAMIAAMI TR. B

City
FT. MYERS, FL

FL

Zip Code
33912

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

Paul Sapp

Signature, typed or printed name of registered agent, date if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALLIN, RAMON 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAR, GABRIEL 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, JOHANNY 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATHERINE DIBENEDETTI 5965 WINKLER RD FT. MYERS, FL 33908	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

Collene C. Burt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

239-481-6253

Daytime Phone #