2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N07000003748

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

Current Principal Place of Business:

P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P & M PROPERTY MANAGEMENT
14360 S TAMIAMI TRAIL UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 74-3239721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S TAMIAMI TR 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: D ( ) Delete
Name: PALLIN, RAMON
Address: 11030 N. KENDALL DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: VASQUEZ, JOHANNY
Address: 11030 N. KENDALL DRIVE, SUITE 100
City-St-Zip: MIAMI, FL 33176

Title: P (X) Delete
Name: BENENETTI, CATHERINE
Address: 5965 WINKLER RD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: RODGER, MARK
Address: 14360 SOUTH TAMIAMI TRAIL, B
City-St-Zip: FT MYERS, FL 33912

Title: S/T (X) Change ( ) Addition
Name: SULLIVAN, JACK
Address: 14360 SOUTH TAMIAMI TRAIL, B
City-St-Zip: FT. MYERS, FL 33912

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK RODGERS PRES 03/19/2009

Electronic Signature of Signing Officer or Director — Date