

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43376

FILED
Apr 27, 2007
Secretary of State

Entity Name: WHISKEY POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4001 WISKEY POINT LANE
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

4001 WHISKEY POINT LANE
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

745 12TH AVE. S.
SUITE-AA
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0266612 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOORE PROPERTY MGMT
745 12TH AVE S.
SUITE AA
NAPLES, FL 34102 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: T () Delete
Name: GRAY, GERALD
Address: 4001 WHISKEY POINTE LANE #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P () Delete
Name: LANGLOIS, BERNIE
Address: 4021 WISKEY POINT LANE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: S () Delete
Name: HETZEL, BOB
Address: 4041 WHISKY PT LANE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: V () Delete
Name: KINZIE, FLORENCE
Address: 4051 BAYHEAD DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: PATTERSON, BOB
Address: 4021 WHISKEY POINT LN
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: HARMON, EDWARD
Address: 23112 PARGILLIS RD
City-St-Zip: PERRYSBURG, OH 43551

Title: D (X) Change () Addition
Name: BEATTIE, EDWARD
Address: 629B ONONDAGE LANE
City-St-Zip: STRATFORD, CT 06614

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: BERNIE LANGLOIS

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date