

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43376

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** WHISKEY POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

4001 WHISKEY POINT LANE  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**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: D ( ) Delete  
Name: HARMON, EDWARD  
Address: 23112 PARGILLIS RD  
City-St-Zip: PERRYSBURG, OH 43551

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MALONEY, RAY  
Address: 4081 BAYHEAD DR. #103  
City-St-Zip: BONITA SPRINGS, FL 34134

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

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: BERNIE LANGLOIS

P

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date