2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N43376

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:	D	(X) Delete
Name:	MALONEY, RAY	
Address:	4081 BAYHEAD DR. #103	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	HARMON, EDWARD	
Address:	23112 PARGILLIS RD	
City-St-Zip:	PERRYSBURG, OH 43551	

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:	( ) 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 04/23/2009

Electronic Signature of Signing Officer or Director — Date