

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728211

Entity Name: WHISKEY CREEK CIVIC ASSOCIATION, CORP.**Current Principal Place of Business:**1449 WHISKEY CREEK DR
FT MYERS, FL 33919**Current Mailing Address:**1449 WHISKEY CREEK DR
FT MYERS, FL 33919 UN**FEI Number:** 59-2389395**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAMACH, BERNARD D
1449 WHISKERY CREEK DR.
STE 101
FORT MYERS, FL 33919 US*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

Officer/Director Detail :

Title	PD
Name	LAMACH, BERNARD
Address	1449 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33919

Title	D
Name	OXNARD, ROBERT
Address	1449 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33919

Title	TD
Name	TICE, KAREN
Address	1449 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33919

Title	SD
Name	MCCAFFERTY, JEANNE
Address	1449 WHISKEY CREEK DR
City-State-Zip:	FT MYERS FL 33919

Title	D
Name	GOODERHAM, KATHRYN
Address	1449 WHISKEY CREEK DR.
City-State-Zip:	FORT MYERS FL 33919

Title	VPD
Name	RODGERS, DENNIS B VPD
Address	1449 WHISKEY CREEK DR.
City-State-Zip:	FORT MYERS FL 33919

I hereby 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 all other like empowered.

SIGNATURE: KAREN TICE**TREASURER****02/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date