

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728211

**Entity Name:** WHISKEY CREEK CIVIC ASSOCIATION, CORP.**Current Principal Place of Business:**1449 WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919**Current Mailing Address:**1449 WHISKEY CREEK DRIVE  
FORT MYERS, FL 33919 US**FEI Number:** 59-2389395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GYARMATHY, JUSTIN  
1449 WHISKERY CREEK DR.  
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:** JUSTIN GYARMATHY

02/11/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEACOCK, COLE  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            VP  
Name            GINS, WYLER  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            HARTT, SETH  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            COPELAND, PAUL  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            SECRETARY  
Name            DECICCO, KYLE  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            METZGER, MELISSA  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            NOLAN, JESSICA  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            PAPPAS, AMY  
Address        1449 WHISKEY CREEK DRIVE  
City-State-Zip: FORT MYERS FL 33919

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*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:** JUSTIN GYARMATHY**TREASURER**

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                          |
|-----------------|--------------------------|
| Title           | TREASURER                |
| Name            | GYARMATHY, JUSTIN        |
| Address         | 1449 WHISKEY CREEK DRIVE |
| City-State-Zip: | FORT MYERS FL 33919      |