

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # 747691 (4)
1. Corporation Name
WHIPSAW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
306 NORTH GARFIELD AVENUE 306 NORTH GARFIELD AVENUE
DELAND FL 32724 DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/15/1979 3a. Date of Last Report 01/19/1994
4. FBI Number 59-3159900 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
MORRIS, R.T.
300 N. GARFIELD AVE.
DELAND FL 32724

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, BOBBY	1.2 NAME	
STREET ADDRESS	308 N GARFIELD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, CAROLEE	2.2 NAME	
STREET ADDRESS	300 N. GARFIELD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMORE, MARY T	3.2 NAME	
STREET ADDRESS	308 N GARFIELD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, JAMES A	4.2 NAME	
STREET ADDRESS	302 N GARFIELD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCK, DOUGLAS	5.2 NAME	
STREET ADDRESS	304 N GARFIELD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 417, Florida Statutes; and that my name appears in Block 12 or (Block 13) changed, or on an attachment with an address.

SIGNATURE: *Carolee S. Morris, Secy* 2/6/95 904/754-2112
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR