

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 747691 (4)

1. Corporation Name

WHIPSAW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

306 NORTH GARFIELD AVENUE  
DELAND FL 32724

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DELAND FL 32724

3. Date Incorporated or Qualified

06/15/1979

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3159900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, R.T.  
300 N. GARFIELD AVE.  
DELAND FL 32724

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME ADAMS, BOBBY  
STREET ADDRESS 308 N GARFIELD AVENUE  
CITY-ST-ZIP DELAND FL 32724

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE S  DELETE  
NAME MORRIS, CAROLEE  
STREET ADDRESS 300 N. GARFIELD AVE.  
CITY-ST-ZIP DELAND FL 32724

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE VT  DELETE  
NAME LAMORE, MARY T  
STREET ADDRESS 306 N GARFIELD AVENUE  
CITY-ST-ZIP DELAND FL 32724

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  DELETE  
NAME PATTERSON, JAMES A  
STREET ADDRESS 302 N GARFIELD AVENUE  
CITY-ST-ZIP DELAND FL 32724

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D  DELETE  
NAME BOCK, DOUGLAS  
STREET ADDRESS 304 N GARFIELD AVENUE  
CITY-ST-ZIP DELAND FL 32724

51 TITLE  Change  Addition  
52 NAME SANDRA Southern LAND  
53 STREET ADDRESS 304 N GARFIELD AVE.  
54 CITY-ST-ZIP DELAND FL 32724

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R.T. Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/96  
Date

904-734-7117  
Telephone #

CR2E037 (12/96)