


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747691 (4)

1. Corporation Name
WHIPSAW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 300 NORTH GARFIELD AVE DELAND FL 32724 US	Mailing Address 300 NORTH GARFIELD AVE DELAND FL 32724 US
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3. Date Incorporated or Qualified 06/15/1979	
4. FEI Number 59-3159900	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	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 TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, BOBBY Russell T.		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	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOUTHERLAND, SANDRA		5.2 NAME	
STREET ADDRESS 304 NORTH GARFIELD AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL 32724		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARILYN SCHENK		6.2 NAME	
STREET ADDRESS 304 N. GARFIELD AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP DELAND FL 32724		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E037 (10/97)