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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 747691 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	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3159900
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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: *R.T. Morris* DATE: 1/11/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, RUSSEL 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	306 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	SCHENK, MARILYN	6.2 NAME	
STREET ADDRESS	306 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, with all other like empowered.

SIGNATURE: *R.T. Morris* DATE: 1/11/99 DAYTIME PHONE #: 904-734-7742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)