

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90029 019 ****61.25

DOCUMENT # 747691
 1. Entity 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>300 N Garfield Ave</i>	3. Mailing Address <i>300 N Garfield Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>DELAND FL</i>	City & State <i>DELAND FL</i>
Zip <i>32724</i>	Country <i>Vol.</i>

4. FEI Number 59-3159900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 *R.T. Morris, TREAS.* DATE *8-21-00*

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, BOBBY 308 N GARFIELD AVENUE DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, RUSSEL T 300 N. GARFIELD AVE. DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A 302 N GARFIELD AVENUE DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERLAND, SANDRA 304 NORTH GARFIELD AVENUE DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENK, MARILYN 306 N GARFIELD AVE DELAND FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *8-21-00* DAYTIME PHONE #: *904-734-7742*

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (5/00)