

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90004 040 \*\*\*\*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**

**A0075362**



2. Principal Place of Business

**302 NORTH GARFIELD AVE**

3. Mailing Address

**302 NORTH GARFIELD AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**DELAND FL**

City & State

**DELAND FL**

4. FEI Number

**59-3159900**

Applied For

Not Applicable

Zip

**32724**

Country

**USA**

Zip

**32724**

Country

**USA**

5. Certificate of Status Desired

**\$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  
**Donna J King**  
 Street Address (P.O. Box Number is Not Acceptable)  
**302 N Garfield Ave**  
 City  
**DELAND** FL Zip Code  
**32724**

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  **DONNA J King, TREASURER** **6/21/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D, S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, ANN	
STREET ADDRESS	308 N GARFIELD AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, DONNA J.	
STREET ADDRESS	302 N GARFIELD AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLEE MORRIS	
STREET ADDRESS	300 N GARFIELD AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of an attachment with an address, with all other like empowered.

SIGNATURE:  **DONNA J King, TREASURER** **6/21/01 386-785-0242**

CR2E037 (10/00)