

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2007
Secretary of State**

DOCUMENT# 747691

Entity Name: WHIPSAW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

302 NORTH GARFIELD AVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

302 NORTH GARFIELD AVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-3159900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DONNA J
302 N. GARFIELD AVE.
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ADAMS, ANN
Address: 308 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: KING, DONNA J
Address: 302 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: CANO, JUAN J
Address: 300 N. GARFIELD
City-St-Zip: DELAND, FL 32721

Title: P () Delete
Name: ADAMS, BOBBY
Address: 308 N. COERHELD AVE
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: SCHENK, MARILYN
Address: 306 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: DVP () Delete
Name: LIESER, KIMBERLY
Address: 304 N. GALFIELD AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ADAMS, BOBBY
Address: 308 N. GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: LIESER, KIMBERLY
Address: 304 N GARFIELD AVE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J KING

DT

04/15/2007

Electronic Signature of Signing Officer or Director

_____ Date