

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747691

FILED
Mar 23, 2009
Secretary of State

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: D () Delete
Name: SCHENK, MARILYN
Address: 306 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: DVP () Delete
Name: CANO, JUAN J
Address: 300 N. GARFIELD
City-St-Zip: DELAND, FL 32721

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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

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

Title: D () Change (X) Addition
Name: LIESER, BENJAMIN
Address: 304 N GARFIELD AVENUE
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date