

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90320 030 ****61.25

DOCUMENT # 747691

1. Entity Name
WHIPSAW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**302 NORTH GARFIELD AVE
DELAND FL 32724
US**

Mailing Address

**302 NORTH GARFIELD AVE
DELAND FL 32724
US**

10015018



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3159900**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, DONNA J
302 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	ADAMS, ANN	
STREET ADDRESS	308 N GARFIELD AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, DONNA J	
STREET ADDRESS	308 N GARFIELD AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, CAROLEE	
STREET ADDRESS	300 N GARFIELD AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DP	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DONNA J	
STREET ADDRESS	302 N. Garfield Ave	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input 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		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED KING 1/25/2003 386-785-0242

CR2E037 (10/02)