

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747691

**Entity Name:** WHIPSAW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

302 NORTH GARFIELD AVE  
DELAND, FL 32724

**Current Mailing Address:**

302 NORTH GARFIELD AVE  
DELAND, FL 32724 US

**FEI Number:** 59-3159900

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           DIRECTOR, VP  
Name           SCHENK, MARILYN  
Address        306 N GARFIELD AVE  
City-State-Zip: DELAND FL 32724

Title           DIRECTOR, TREASURER  
Name           KING, DONNA J  
Address        302 N GARFIELD AVE  
City-State-Zip: DELAND FL 32724

Title           DIRECTOR, SECRETARY  
Name           CANO, JUAN J  
Address        300 N. GARFIELD  
City-State-Zip: DELAND FL 32721

Title           DIRECTOR  
Name           ADAMS, ANN  
Address        308 N. GARFIELD AVE  
City-State-Zip: DELAND FL 32724

Title           DIRECTOR, PRESIDENT  
Name           CASEY, ROBERT  
Address        304 N GARFIELD AVENUE  
City-State-Zip: DELAND FL 32724

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA J. KING

**TREASURER, DIRECTOR**    03/19/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date