

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 32724Title DIRECTOR, TREASURER
Name KING, DONNA J
Address 302 N GARFIELD AVE
City-State-Zip: DELAND FL 32724Title DIRECTOR, SECRETARY
Name CANO, JUAN J
Address 300 N. GARFIELD
City-State-Zip: DELAND FL 32721Title DIRECTOR
Name ADAMS, ANN
Address 308 N. GARFIELD AVE
City-State-Zip: DELAND FL 32724Title 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