

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747691

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

**Current Principal Place of Business:**

308 NORTH GARFIELD AVE  
DELAND, FL 32724

**Current Mailing Address:**

308 NORTH GARFIELD AVE  
DELAND, FL 32724 US

**FEI Number:** 59-3159900

**Certificate of Status Desired:** No

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

NIGOSANTI, JEANETTE E  
308 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:** JEANETTE E NIGOSANTI

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR, TREASURER  
Name NIGOSANTI, JEANETTE E  
Address 308 NORTH 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 SABATINI, EDWARD G  
Address 304 N GARFIELD AVENUE  
City-State-Zip: DELAND FL 32724

Title PRESIDENT  
Name NIGOSANTI, RICHARD  
Address 308 N GARFIELD AVENUE  
City-State-Zip: DELAND FL 32724

Title VP  
Name ROWAN, TIM  
Address 302 N GARFIELD AVE  
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:** JEANETTE E NIGOSANTI

**TREASURER**

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date