

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # 747691

(4)

1. Corporation Name

WHIPSAW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

306 NORTH GARFIELD AVENUE
DELAND FL 32724

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DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1979

3a. Date of Last Report

01/19/1994

4. FBI Number

59-3159900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, R.T.
300 N. GARFIELD AVE.
DELAND FL 32724

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ADAMS, BOBBY
STREET ADDRESS	308 N GARFIELD AVENUE
CITY- ST- ZIP	DELAND FL 32724
TITLE	S
NAME	MORRIS, CAROLEE
STREET ADDRESS	300 N. GARFIELD AVE.
CITY- ST- ZIP	DELAND FL 32724
TITLE	VT
NAME	LAMORE, MARY T
STREET ADDRESS	308 N GARFIELD AVENUE
CITY- ST- ZIP	DELAND FL 32724
TITLE	D
NAME	PATTERSON, JAMES A
STREET ADDRESS	302 N GARFIELD AVENUE
CITY- ST- ZIP	DELAND FL 32724
TITLE	D
NAME	BOCK, DOUGLAS
STREET ADDRESS	304 N GARFIELD AVENUE
CITY- ST- ZIP	DELAND FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 417, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carolee W. Morris, Secy
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

2/6/95

204/754-7742