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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747691					
1. Corporation Name WHIPSAW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 NORTH GARFIELD AVE DELAND FL 32724 US			Mailing Address 300 NORTH GARFIELD AVE DELAND FL 32724 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/15/1979	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3159900	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MORRIS, R.T. 300 N. GARFIELD AVE. DELAND FL 32724			10. Name and Address of New Registered Agent 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 1/11/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P ☐ DELETE NAME ADAMS, BOBBY STREET ADDRESS 308 N GARFIELD AVENUE CITY-ST-ZIP DELAND FL 32724			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD ☐ DELETE NAME MORRIS, RUSSEL T STREET ADDRESS 300 N. GARFIELD AVE. CITY-ST-ZIP DELAND FL 32724			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VT ☒ DELETE NAME LAMORE, MARY T STREET ADDRESS 306 N GARFIELD AVENUE CITY-ST-ZIP DELAND FL 32724			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME PATTERSON, JAMES A STREET ADDRESS 302 N GARFIELD AVENUE CITY-ST-ZIP DELAND FL 32724			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME SOUTHERLAND, SANDRA STREET ADDRESS 304 NORTH GARFIELD AVENUE CITY-ST-ZIP DELAND FL 32724			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D ☐ DELETE NAME SCHENK, MARILYN STREET ADDRESS 306 N GARFIELD AVE CITY-ST-ZIP DELAND FL 32724			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 **904-734-7742**
Date Daytime Phone #

CR2E037 (11/98)