

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90004 040 ****61.25

DOCUMENT # 747691

1. Entity 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**

A0075362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

302 NORTH GARFIELD AVE

3. Mailing Address

302 NORTH GARFIELD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number

59-3159900

Applied For

Not Applicable

Zip

32724

Country

USA

Zip

32724

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Donna J King

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

302 N Garfield Ave

City

DELAND

FL

Zip Code

32724

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, BOBBY 308 N GARFIELD AVENUE DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, RUSSEL T 300 N. GARFIELD AVE. DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, JAMES A 302 N GARFIELD AVENUE DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERLAND, SANDRA 304 NORTH GARFIELD AVENUE DELAND FL 32724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENK, MARILYN 306 N GARFIELD AVE DELAND FL 32724 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S ADAMS, ANN 308 N GARFIELD AVE DELAND FL 32724 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T KING, DONNA J. 302 N GARFIELD AVE DELAND FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLEE MORRIS 300 N GARFIELD AVE DELAND FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donna J King**

SIGNATURE REQUIRED

6/21/01 386-785-0242

CR2E037 (10/00)