

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 746493 (6)

1. Corporation Name

WINDRUSH BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 552 MAIN STREET SAFETY HARBOR FL 34695
Mailing Address: 552 MAIN STREET SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: 03/29/1979
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-1961062
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

CROW AND JOSEPH
1245 S PINELLAS AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARTH, ROBERT	
STREET ADDRESS	312 N FL AVE H-128	
CITY-ST-ZIP	TARPON SPRGS, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DON	
STREET ADDRESS	107 COLONY SOUTH DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEMEL, JULIAN	
STREET ADDRESS	312 N FLORIDA AVE C-209	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMERS, CLARA	
STREET ADDRESS	312 N FLORIDA AVE K-132	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHMOND, CLIFF	
STREET ADDRESS	312 N FLORIDA AVE B-103	
CITY-ST-ZIP	TARPON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, MARILYN	
STREET ADDRESS	312 N FLORIDA AVE #34	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence Perkins	
1.3 STREET ADDRESS	14 Windrush Bay Dr.	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Prinxla Brickey	
2.3 STREET ADDRESS	29 Windrush Bay Dr.	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David East	
3.3 STREET ADDRESS	408 Windrush Bay Dr.	
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	621 Windrush Bay Dr.	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Richard Compton	
5.3 STREET ADDRESS	509 Windrush Bay Dr.	
5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(3)(k), 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.

SIGNATURE: Lawrence Perkins 1-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)