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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34695-3549

3. Date Incorporated or Qualified: 03/29/1979
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1961062	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CROW AND JOSEPH
1245 S PINELLAS AVE
TARPON SPRINGS FL 34689

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 _____ DATE _____
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	PD- D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, LAWRENCE	1.2 NAME	ELLEN DEARDOFF
STREET ADDRESS	14 WINDRUSH BAY DR	1.3 STREET ADDRESS	644 Windrush Bay Drive
CITY-ST-ZIP	TARPON SPRGS, FL 00000	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKEY, PAMELA	2.2 NAME	WALTER BABST
STREET ADDRESS	27 WINDRUSH BAY DR.	2.3 STREET ADDRESS	417 Windrush Bay Drive
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAST, DAVID	3.2 NAME	William Weaver
STREET ADDRESS	408 WINDRUSH BAY DR	3.3 STREET ADDRESS	419 Windrush Bay Drive
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMERS, CLARA	4.2 NAME	Julian Hernal
STREET ADDRESS	621 WINDRUSH BAY DR	4.3 STREET ADDRESS	420 Windrush Bay Drive
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, RICHARD	5.2 NAME	
STREET ADDRESS	509 WINDRUSH BAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

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