

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
03/29/1979

4. FEI Number 59-1961062	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD ELLEN DEARDOFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERKINS, LAWRENCE		1.2 NAME	
STREET ADDRESS 14 WINDRUSH BAY DR		1.3 STREET ADDRESS 644 WINDRUSH BAY DR.	
CITY-ST-ZIP TARPON SPRGS. FL 00000		1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABST, WALTER		2.2 NAME	
STREET ADDRESS 417 WINDRUSH BAY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D BOB GARTH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, WILLIAM		3.2 NAME	
STREET ADDRESS 419 WINDRUSH BAY DR		3.3 STREET ADDRESS 618 WINDRUSH BAY DR.	
CITY-ST-ZIP TARPON SPRINGS FL		3.4 CITY-ST-ZIP TARPON SPRINGS, FL. 34689	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D KATHLEEN CAROTHERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEMME, JULIAN		4.2 NAME	
STREET ADDRESS 420 WINDRUSH BAY DR		4.3 STREET ADDRESS 30 WINDRUSH BAY DR	
CITY-ST-ZIP TARPON SPRINGS FL		4.4 CITY-ST-ZIP TARPON SPRINGS, FL. 34689	
TITLE ?	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: _____ SIGNATURE REQUIRED *Ellen Deardoff, President*

CR2E037 (10/97)