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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746493

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



2. Principal Place of Business

21 2180 W SR 434

Suite, Apt. #, etc.

22 STE 5000

City & State

23 LONGWOOD FL

Zip Country

24 32779

25 US

2a. Mailing Address

26 2180 W SR 434

Suite, Apt. #, etc.

27 STE 5000

City & State

28 LONGWOOD FL

Zip Country

29 32779

30 US

3. Date Incorporated or Qualified

03/29/1979

4. FEI Number

59-1961062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

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
 HART, JAMES W JR
 82 Street Address (P.O. Box Number is Not Acceptable)
 SENTRY MANAGEMENT INC
 83
 2180 W SR 434 STE 5000
 84 City
 LONGWOOD FL 85 Zip Code
 32779

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

[Signature]

2/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BEARDOFF, ELLEN	644 WINDRUSH BAY DR	TARPON SPRGS, FL 00000 34689	<input checked="" type="checkbox"/>
SD	BABST, WALTER	417 WINDRUSH BAY DR	TARPON SPRINGS FL	<input type="checkbox"/>
D	GARTH, BOB	618 WINDRUSH BAY DR	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
D	CAROTHERS, KATHLEEN	30 WINDRUSH BAY DR	TARPON SPRINGS FL 34689	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	RICHARD COMPTON	509 WINDRUSH BAY DR	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	RUSS BEAMER	616 WINDRUSH BAY DR	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WILMA WOBLEIN	9 WINDRUSH BAY DR	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)