

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90127 038 ****61.25

DOCUMENT # 746493
 1. Entity Name
WINDRUSH BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1961062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, STE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input checked="" type="checkbox"/> Delete
NAME BABST, WALTER	
STREET ADDRESS 417 WINDRUSH BAY DR	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE VD	<input type="checkbox"/> Delete
NAME GRANGER, RUSS	
STREET ADDRESS 616 WINDRUSH BAY DR	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE SD	<input type="checkbox"/> Delete
NAME HARTMAN, THOMAS	
STREET ADDRESS 626 WINDRUSH BAY DRIVE	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME COMPTON, RICHARD	
STREET ADDRESS 509 WINDRUSH BAY DR	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE D	<input type="checkbox"/> Delete
NAME WOERLIEN, WILMA	
STREET ADDRESS 9 WINDRUSH BAY DR	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRANGER, RUSS	
STREET ADDRESS 616 WINDRUSH BAY DRIVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOERLEIN, WILMA	
STREET ADDRESS 9 WINDRUSH BAY DRIVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERETTI, BOB	
STREET ADDRESS 624 WINDRUSH BAY DRIVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEMIN, CLIFF	
STREET ADDRESS 502 WINDRUSH BAY DRIVE	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Russ Granger **Russ Granger** **Granger** **3/2/02** **727-943-9332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)