

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746493

FILED
Apr 08, 2008
Secretary of State

Entity Name: WINDRUSH BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1961062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MCBURNEY, ALAN
Address: 410 WINDRUSH BAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VPD () Delete
Name: GRANGER, RUSSELL
Address: 616 WINDRUSH BAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD () Delete
Name: CAIN, WALTER
Address: 652 WINDRUSH BAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD () Delete
Name: SUARES, RAYMOND
Address: 13164 BALFOUR
City-St-Zip: HUNTINGTON WOODS, MI 48070

Title: D () Delete
Name: TAYLOR, WILLIAM
Address: 3395 N LAKESHORE DR
City-St-Zip: MEARS, MI 49436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KING, JACK
Address: 503 WINDRUSH BAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD (X) Change () Addition
Name: TAYLOR, WILLIAM
Address: 33 WINDRUSH BAY DR
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER CAIN

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date