


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90205 008 ****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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1961062			
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434, STE 5000 LONGWOOD FL 32779			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRANGER, RUSS		NAME	BROWN, KATHLEEN			
STREET ADDRESS	616 WINDRUSH BAY DR		STREET ADDRESS	39 WINDRUSH BAY DR			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARTMAN, THOMAS		NAME	COMPTON, RICHARD			
STREET ADDRESS	626 WINDRUSH BAY DRIVE		STREET ADDRESS	509 WINDRUSH BAY DR.			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PERETTI, BOB		NAME	CAIN, WALTER			
STREET ADDRESS	624 WINDRUSH BAY DR		STREET ADDRESS	652 WINDRUSH BAY DR.			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689			
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOERLIEN, WILMA		NAME				
STREET ADDRESS	9 WINDRUSH BAY DR		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMIN, CLIFF		NAME				
STREET ADDRESS	502 WINDRUSH BAY DR		STREET ADDRESS				
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Kathleen Brown</i>		SIGNATURE: <i>KATHLEEN BROWN</i>		3-26-03 727-938-3757			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #			

33040363



CHECK HERE IF MAKING CHANGES

CFR2037 (10/02)