


FILE NOW: FILING FEE IS \$61.25

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**Apr 20 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 # N06800 (9)

1. Corporation Name
WINDRUSH NORTH - I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 40347 US 19 N SUITE 113 TARPON SPRINGS FL 34689 US	Mailing Address 40347 US 19 N SUITE 113 TARPON SPRINGS FL 34689 US
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3. Date Incorporated or Qualified 12/21/1984	Applied For Not Applicable
4. FEI Number 59-2496598	

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
Country 29	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPOONSTER, JANET K.
C/O COMMUNITY ACCTG & MGMT INC
40347 U.S. 19 N., STE. 129
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	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS		
TITLE PD	SHATZMAN, JEANNE	<input checked="" type="checkbox"/> DELETE
NAME	312 N FLORIDA AVE., #313	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY - ST - ZIP		
TITLE TD	OVERBERG, DONALD	<input type="checkbox"/> DELETE
NAME	312 N FLORIDA AVENUE #308	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY - ST - ZIP		
TITLE SD	GONZALEZ, KAY	<input type="checkbox"/> DELETE
NAME	312 N FLORIDA AVE #310	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY - ST - ZIP		
TITLE PD	GONZALEZ, RICHARD	<input checked="" type="checkbox"/> DELETE
NAME	312 N. FLORIDA AVE., #320	
STREET ADDRESS	TARPON SPRINGS FL	
CITY - ST - ZIP		
TITLE D	SELLEW, ROBERTA	<input checked="" type="checkbox"/> DELETE
NAME	312 N. FLORIDA AVE #320	
STREET ADDRESS	TARPON SPRINGS FL 34689	
CITY - ST - ZIP		
TITLE D	SCOTT, LUCY	<input checked="" type="checkbox"/> DELETE
NAME	312 N. FLORIDA AVE. #324	
STREET ADDRESS	TARPON SPRINGS FL	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE TD		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ELY, LOUIS		
1.3 STREET ADDRESS 326 WINDRUSH LOOP		
1.4 CITY - ST - ZIP TARPON SPRINGS FL 34689		
2.1 TITLE PD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME OVERBERG DONALD		
2.3 STREET ADDRESS 306 WINDRUSH LOOP		
2.4 CITY - ST - ZIP TARPON SPRINGS FL 34689		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS 310 WINDRUSH LOOP		
3.4 CITY - ST - ZIP		
4.1 TITLE D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BONO, STEVE		
4.3 STREET ADDRESS 325 WINDRUSH LOOP		
4.4 CITY - ST - ZIP TARPON SPRINGS FL 34689		
5.1 TITLE D		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME HENDRICKSON, CAROL		
5.3 STREET ADDRESS 319 WINDRUSH LOOP		
5.4 CITY - ST - ZIP TARPON SPRINGS FL 34689		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____

CPE037 (10/97)