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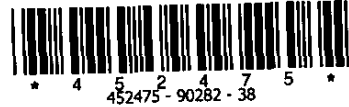
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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # *N06800*
 1. Corporation Name
 WINDRUSH NORTH-1 CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
C/O COMMUNITY ACCTG MGMT INC C/O COMMUNITY ACCTG MGMT
40347 U.S. R. N. SUITE 129 40347 US 19 N, STE 129
TARPOW SPRINGS, FL 34689 TARPOW SPRINGS FL 34689

21	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<i>12/21/1984</i>
22	27	4. FEI Number
City & State	City & State	<i>59-2496598</i>
23	28	5. Certificate of Status Desired <input type="checkbox"/>
Zip	Zip	\$8.75 Additional Fee Required
24	29	6. Election Campaign Financing <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>SPOONSTER, JAWET K</i> <i>40347 US 19 N</i> <i>STE 129</i> <i>TARPOW SPRINGS, FL 34689</i>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>TD</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ELY, LOUIS</i>	1.2 NAME	
STREET ADDRESS	<i>326 WINDRUSH LOOP</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TARPOW SPRINGS, FL 34689</i>	1.4 CITY-ST-ZIP	
TITLE	<i>PD</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>OVERBERG, DONALD</i>	2.2 NAME	
STREET ADDRESS	<i>306 WINDRUSH LOOP</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TARPOW SPRINGS, FL 34689</i>	2.4 CITY-ST-ZIP	
TITLE	<i>SD</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GONZALEZ, KAY</i>	3.2 NAME	
STREET ADDRESS	<i>310 WINDRUSH LOOP</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TARPOW SPRINGS, FL 34689</i>	3.4 CITY-ST-ZIP	
TITLE	<i>D</i> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>BONO, STEVE</i>	4.2 NAME	
STREET ADDRESS	<i>325 WINDRUSH LOOP</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TARPOW SPRINGS, FL 34689</i>	4.4 CITY-ST-ZIP	
TITLE	<i>D</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HENDRICKSON, CAROL</i>	5.2 NAME	
STREET ADDRESS	<i>318 WINDRUSH LOOP</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TARPOW SPRINGS, FL 34689</i>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address with all other like empowered.

SIGNATURE: _____ Date: *4/3/99* Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)