


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90045 041 ****70.00

DOCUMENT # N06800
 1. Entity Name
WINDRUSH NORTH - I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O COMMUNITY ACCTG & MGMT INC.
40347 US 19 N, STE 129
TARPON SPRINGS, FL 34689 US

Mailing Address
C/O COMMUNITY ACCTG & MGMT INC.
40347 US 19 N, STE 129
TARPON SPRINGS, FL 34689 US

94037610



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2496598

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUBER, CAROL
C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 **TD** Delete
 NAME **CLARK, NANCY**
 STREET ADDRESS **315 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GONZALEZ, KAY**
 STREET ADDRESS **310 WINDRUSH LP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HENDRICKSON, CAROL**
 STREET ADDRESS **318 WINDRUSH LP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** Change Addition
 NAME **CHATEMAN, JEANNE**
 STREET ADDRESS **313 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **PD** Delete
 NAME **CICCOMARRO, JOSEPH**
 STREET ADDRESS **312 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCOTT, LUCIA**
 STREET ADDRESS **324 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Joseph Ciccomarro **3-18-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #