


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 040 ****70.00

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DOCUMENT # N06800					
1. Entity Name WINDRUSH NORTH - I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
C/O COMMUNITY ACCTG & MGMT INC. 40347 US 19 N, STE 129 TARPON SPRINGS, FL 34689 US		C/O COMMUNITY ACCTG & MGMT INC. 40347 US 19 N, STE 129 TARPON SPRINGS, FL 34689 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2496598	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUBER, CAROL C/O COMMUNITY ACCTG & MGMT 40347 US 19 N STE 129 TARPON SPRINGS, FL 34689			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, NANCY		NAME		
STREET ADDRESS	315 WINDRUSH LOOP		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, KAY		NAME	SD	
STREET ADDRESS	310 WINDRUSH LP		STREET ADDRESS	DELARAGIONE, JULIENNE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	316 WINDRUSH LOOP	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	SHATEMAN, JEANNE		NAME	DUCHYN, STEVEN	
STREET ADDRESS	313 WINDRUSH LOOP		STREET ADDRESS	307 WINDRUSH LOOP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CICCAMARRO, JOSEPH		NAME		
STREET ADDRESS	312 WINDRUSH LOOP		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, LUCIA		NAME		
STREET ADDRESS	324 WINDRUSH LOOP		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: <u>Joseph Ciccamarro Pres.</u> <u>9/30/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					