


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 021 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2496598	
				Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALES, BARRY		NAME		
STREET ADDRESS	652 BAYSHORE DR		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAST, DAVID		NAME		
STREET ADDRESS	305 WINDRUSH LOOP		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, NANCY		NAME	CLARK, NANCY	
STREET ADDRESS	315 WINDRUSH LOOP		STREET ADDRESS	315 WINDRUSH LOOP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, CAROLYN		NAME	FRANCOIS, ROGER	
STREET ADDRESS	15 CORAL CT		STREET ADDRESS	328 WINDRUSH LOOP	
CITY-ST-ZIP	OCEAN VIEW, DE 19970		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, EDWARD		NAME	YILDIRIM, PAM	
STREET ADDRESS	315 WINDRUSH LOOP		STREET ADDRESS	324 WINDRUSH LOOP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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 exemptions contained in Chapter 119, 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>ROGER FRANCOIS</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					