

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90975 004 ****70.00

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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
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70024147



CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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

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TITLE	NAME	TITLE	NAME
TD	CLARK, NANCY 315 WINDRUSH LOOP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	GONZALEZ, KAY 310 WINDRUSH LP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	HENDRICKSON, CAROL 318 WINDRUSH LP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	CICCAMARRO, JOSEPH 312 WINDRUSH LOOP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	SCOTT, LUCIA 324 WINDRUSH LOOP TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne Windrush* 3/2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/02)