

AMOUNT DUE ON OR BEFORE 01/01/96: \$15.00 (IF APPLICABLE) (SEE INSTRUCTIONS)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 AUG 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N 08691 ()

1. Corporation Name

WINDRUSH MASTER ASSOCIATION, INC

Principal Place of Business

Mailing Address

1730 ALT 19 SOUTH - SUITE E
TARPON SPRINGS, FL 34689

3. Date Incorporated or Qualified

4/12/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21. 60 PREMIERE MGMT, INC.

2a. Mailing Address

25. 40347 U.S. 19 N, S 113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 40347 U.S. 19 N, S 113

27. S-113

City & State

City & State

23. TARPON SPRINGS FLA

28. TARPON SPRINGS FL

Zip

Country

Zip

Country

24. 34689

25. PINELLAS

29. 34689

30. PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER PERHALCH
PREFERRED MGMT INC
1730 ALT 19 S, SUITE E
TARPON SPRINGS FL 34689

81. Name JANET K. SPOONSTER

82. Street Address (P.O. Box Number is Not Acceptable)

60 PREMIERE MGMT INC
40347 U.S. 19. NORTH, S 113

84. City TARPON SPRINGS

FL

85. Zip Code 34689

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

[Signature]

JANET K. SPOONSTER

DATE

7/23/96

12.

OFFICERS AND DIRECTORS

TITLE

V.D

NAME

NORMAN, RICHARD

STREET ADDRESS

312 N. FLORIDA AVE, UNIT 352

CITY - ST - ZIP

TARPON SPRINGS FL 34689

TITLE

PD

NAME

ROSELLE, DOMINICK

STREET ADDRESS

312 N. FLORIDA AVE, UNIT 341

CITY - ST - ZIP

TARPON SPRINGS FL 34689

TITLE

SD

NAME

SHATZMAN, JEAN

STREET ADDRESS

312 N. FLORIDA AVE, UNIT 313

CITY - ST - ZIP

TARPON SPRINGS FL 34689

TITLE

TD

NAME

SLUDDER, KAREN

STREET ADDRESS

312 N. FLORIDA AVE, UNIT 377

CITY - ST - ZIP

TARPON SPRINGS, FL 34689

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR

1.2 NAME

NORMAN, RICHARD

1.3 STREET ADDRESS

312 N. FLORIDA AVE, UNIT 352

1.4 CITY - ST - ZIP

TARPON SPRINGS FL 34689

2.1 TITLE

SEC/DIR

2.2 NAME

MORRISON, BARBARA

2.3 STREET ADDRESS

312 N. FLORIDA AVE - UNIT 343

2.4 CITY - ST - ZIP

TARPON SPRINGS FL 34689

3.1 TITLE

PRES. DIRECTOR

3.2 NAME

SHATZMAN, JEAN

3.3 STREET ADDRESS

312 N. FLORIDA AVE, UNIT 313

3.4 CITY - ST - ZIP

TARPON SPRING, FL 34689

4.1 TITLE

T. DIR.

4.2 NAME

SLUDDER, KAREN

4.3 STREET ADDRESS

312 N. FLORIDA AVE UNIT 377

4.4 CITY - ST - ZIP

TARPON SPRINGS, FL 34689

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

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5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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; that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

[Signature]

7-23-96

Date

Bay Area Phone #

015603