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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N08691** **(0)**

1. Corporation Name
WINDRUSH MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PREMIER MGMT. INC. 40347 U.S. 19 N. S-113 TARPAN APRINGS FL 34689 US	C/O PREMIER MGMT. INC. 40347 U.S. 19 N. S-113 TARPAN APRINGS FL 34689 US

3. Date Incorporated or Qualified: 04/12/1985

4. FEI Number: 59-2496610 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o COMMUNITY ACCTG & MGMT	26 c/o COMMUNITY ACCTG & MGMT
Suite, Apt. #, etc. 22 40347 US 19 N STE 129	Suite, Apt. #, etc. 27 40347 US 19N STE 129
City & State 23 TARPON SPRINGS FL	City & State 28 TARPON SPRINGS FL
Zip / Country 24 34689 / 25 US	Zip / Country 29 34689 / 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C/O COMMUNITY ACCTG & MGMT INC 40347 US 19 N STE 129 TARPON SPRINGS FL 34689	81 Name: JANET K SPOONSTER 82 Street Address (P.O. Box Number Is Not Acceptable): 83 84 City: **FL** 85 Zip Code:

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] L.C.A.M. 4/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, RICHARD ~~312 N. FLORIDA AVE. - 352~~ TARPON SPRINGS FL 34689	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 352 WINDRUSH LOOP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MORRISON, BARBARA 312 N. FLORIDA AVENUE - 341 TARPON SPRINGS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD BOND, STEVE 325 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHATZMAN, JEANNE 312 N FLORIDA AVENUE - 313 TARPON SPRINGS FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD KULAK, SHARON 346 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLUDDER, KAREN 312 N FLORIDA AVE 377 TARPON SPRINGS FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD CLEMENT, ED, JR 373 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Director