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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08691

1. Corporation Name

WINDRUSH MASTER ASSOCIATION, INC.

Principal Place of Business

C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPAN APRINGS FL 34689
US

Mailing Address

C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPAN APRINGS FL 34689
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/12/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2496610
City & State	City & State	5. Certificate of Status Desired ☐
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution ☐
29	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SPONNSTER, JANET K.
40347 US 19 N
STE 129
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

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, 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	D/)	1.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN, RICHARD	1.2 NAME	
STREET ADDRESS	352 WINDRUSH LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☒ Addition
NAME	BONO, STEVE	2.2 NAME	HENDRICKSON, CAROL
STREET ADDRESS	325 WINDRUSH LOOP	2.3 STREET ADDRESS	318 WINDRUSH LOOP
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	KULAK, SHARON	3.2 NAME	
STREET ADDRESS	346 WINDRUSH LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	CLEMENT, ED JR.	4.2 NAME	
STREET ADDRESS	373 WINDRUSH LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)