2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90279 016 ****70.00

DOCUMENT # N08691

1. Entity Name

WINDRUSH MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY ACCTG & MGMT 40347 US 19 N STE 129 TARPAN APRINGS FL 34689 US	C/O COMMUNITY ACCTG & MGMT 40347 US 19 N STE 129 TARPAN APRINGS FL 34689-4842 US

DO NOT WRITE IN THIS SPACE

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 59-2496610 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name CAROL HUBER
Street Address (P.O. Box Number is Not Acceptable) C/O COMMUNITY ACCTG & MGMT
40347 US 19 N, SUITE 129
City TARPON SPRINGS **FL** Zip Code 34689

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.

SIGNATURE Carol L Huber LCAM
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, RICHARD 352 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NORMAN, RICHARD 352 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENDRICKSON, CAROL 318 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~CAROL~~ HENDRICKSON, CAROL 318 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KULAK, SHARON 346 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KADOW, GLEN 374 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEMENT, ED JR. 373 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEELE, JOHN 340 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/25/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #