

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90029 011 ****70.00

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DOCUMENT # N08691 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2496610	
				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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	NORMAN, RICHARD		NAME		
STREET ADDRESS	352 WINDRUSH LOOP		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	HENDRICKSON, CAROL		NAME	SHATZMAN, JEANNE	
STREET ADDRESS	318 WINDRUSH LOOP		STREET ADDRESS	313 WINDRUSH LOOP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	TD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	TAYLOR, HOWARD		NAME	STAFFORD, BRUCE	
STREET ADDRESS	373 WINDRUSH LOOP		STREET ADDRESS	373 WINDRUSH LOOP	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STEELE, JOHN		NAME		
STREET ADDRESS	340 WINDRUSH LOOP		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			JOHN A. STEELE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-17-04 Daytime Phone #		