

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90180 030 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2496610	
Zip		Country		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, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	TD MACKLAIER, TIM 1363 ALDO DR MISSISSAUGA, ONT, CN 15h 3e8	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, TED 308 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCGHEE, BARBARA 6969 SE 14TH CT OCALA, FL 34480	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>TIM MACKLAIER, PRES.</i> 4/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40085144



03202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2496610

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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☐ Delete

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CITY - ST - ZIP
SD
SELLAS, CATHERINE
18905 EDENBERRY DR
NORTHVILLE, MI 48167

☐ Change ☒ Addition

TITLE
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SIGNATURE: _____ *TIM MACKLAIER, PRES.* **4/19/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR