2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08691

Entity Name: WINDRUSH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2496610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUBER, CAROL
C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MACKLAIER, TIM
Address: 1363 ALDO DR
City-St-Zip: MISSISSAUGA, ONT, CN L5H 3E8

Title: VD ( ) Delete
Name: FRANCOIS, ROSER
Address: 328 WINDBRUSH LOOP
City-St-Zip: TARPON SPRINGS, FL 34699

Title: PD ( ) Delete
Name: MCGHEE, BARBARA
Address: 6969 SE 14TH CT
City-St-Zip: OCALA, FL 34480

Title: SD ( ) Delete
Name: GRIFFIN, DALE
Address: 351 WINDRUSH LOOP
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACKLAIER, TIM
Address: 1363 ALDO DR
City-St-Zip: MISSISSAUGA, ONT, CN L5H 3E8

Title: TD (X) Change ( ) Addition
Name: FRANCOIS, ROGER
Address: 328 WINDBRUSH LOOP
City-St-Zip: TARPON SPRINGS, FL 34699

Title: VD (X) Change ( ) Addition
Name: GRIFFEN, DALE
Address: 5861 BAYDY PEAK RD
City-St-Zip: OSAGE, MO 65065

Title: SD (X) Change ( ) Addition
Name: VINCENT, PAULETTE
Address: 327 WINDRUSH LOOP
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL HUBER AGT 04/21/2009

Electronic Signature of Signing Officer or Director — Date