FILE NOW: FILING FEE IS $61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90211 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09410**

1. Corporation Name
WINDRUSH NORTHI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% COMMUNITY ACCTG & MGMT 40347 US 19 N.. STE 129 TARPON SPRINGS FL 34689 US	% COMMUNITY ACCTG & MGMT 40347 US 19 N.. STE 129 TARPON SPRINGS FL 34689 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/22/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2496594 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SPOONSTER, JANET K
% COMMUNITY ACCOUNTING & MGMT INC.
40347 US 19 N., STE 129
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name HUBER, CAROL S
82 Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N. SUITE 129
83
84 City TARPON SPRING FL 85 Zip Code 34689

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] [signature] 4/8/98
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KULAK, SHARON		1.2 NAME	
STREET ADDRESS	346 WINDRUSH LOOP		1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, BARBARA		2.2 NAME	
STREET ADDRESS	343 WINDRUSH LOOP		2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS, FRED		3.2 NAME	
STREET ADDRESS	336 WINDRUSH LOOP		3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSELLE, DOMINICK		4.2 NAME	
STREET ADDRESS	341 WINDRUSH LOOP		4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JIM		5.2 NAME	
STREET ADDRESS	332 WINDRUSH LOOP		5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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] **SIGNATURE REQUIRED** [signature] 4/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)