2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09410

1. Entity Name

WINDRUSH NORTH II CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90275 004 ****70.00

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 34689-4842 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 59-2496594 ☐ Applied For ☐ Not Applicable

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 % COMMUNITY ACCOUNTING & MGMT INC. 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.

SIGNATURE _____
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	PD KULAK, SHARON 346 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KULAK, SHARON 346 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, BARBARA 343 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANIELS, FRED 336 WINDRUSH LOOP TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIES, FRED 336 WINDRUSH LOOP TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSELLE, DOMINICK 341 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	VPD EVANS, JIM 332 WINDRUSH LOOP TARPON SPRINGS FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WYNKOOP, MARGARET 344 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

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 #