# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005 8:00 am**
**Secretary of State**
04-25-2005 90296 028 ****70.00

50043173

DOCUMENT # N09410

1. Entity Name
WINDRUSH NORTH-II CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % COMMUNITY ACCTG & MGMT<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689 US | % COMMUNITY ACCTG & MGMT<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689 US |

03082005 Chg-NP CR2E037 (10/03)

| 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<br>% COMMUNITY ACCOUNTING & MGMT INC.<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | D<br>DANIELS, FRED<br>336 WINDRUSH LOOP<br>TARPON SPRINGS, FL 34689 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MACKLAIER, TIM<br>1363 ALDO DR<br>MISSISSAUGA ONT CANADA L5H 3E8 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STEELE, JOHN<br>340 WINDRUSH LOOP<br>TARPON SPRINGS, FL 34689 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FARCHER, JOHN<br>1110 JOSEPH BLVD<br>SAUGERTIES NY 12477 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>YILDEREM, ARIF<br>335 WINDRUSH LOOP<br>TARPON SPRINGS, FL 34689 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EVANS, RANDALL<br>4914 BROOKWOOD MEADOWS<br>BRIGHTON MI 48116 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MORRISON, BARBARA<br>343 WINDRUSH LOOP<br>TARPON SPRINGS, FL 34689 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KEOWN, JIM<br>8409 TWO COURTS<br>RALEIGH NC 27613 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YILDEREM, PAMELA<br>335 WINDRUSH LOOP<br>TARPON SPRINGS, FL 34689 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STOLLE, WILLIAM<br>371 HORSE FORK RD<br>CLYDE NC 28721 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Randall Evans RANDALL EVANS 4-4-05 517-540-7942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #