

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09410

FILED
Apr 20, 2010
Secretary of State

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

Current Principal Place of Business:

% COMMUNITY ACCTG & MGMT
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

% ASSOCIATION ACCTG & MGMT
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

% COMMUNITY ACCTG & MGMT
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

New Mailing Address:

% ASSOCIATION ACCTG & MGMT
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2496594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBER, CAROL
% COMMUNITY ACCOUNTING & MGMT INC.
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

HUBER, CAROL
% ASSOCIATION ACCOUNTING & MGMT INC.
40347 US 19 N., STE 129
TARPON SPRINGS, FL 34689 US

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:

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BREITENBACH, ART
Address: 27003 WOLF ROAD
City-St-Zip: BAY VILLAGE, OH 44140 US

Title: VPD
Name: PEELER, NOLLIE
Address: 4400 BELMONT PARK TERR #188
City-St-Zip: NASHVILLE, TN 37215 US

Title: D
Name: STOLLE, WILLIAM
Address: 371 HORSE FORK RD
City-St-Zip: CLYDE, NC 28721 US

Title: SD
Name: STEVENS, JIM
Address: 3 TURF LANE
City-St-Zip: LOUDONVILLE, NY 12211 US

Title: TD
Name: MACKLAIER, TIM
Address: 1363 ALDO DRIVE
City-St-Zip: MISSISSAUGA ONTARIO, CA L5H 3E8 CA

I hereby 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 all other like empowered.

SIGNATURE: ART BREITENBACH

PD

04/20/2010

Electronic Signature of Signing Officer or Director

Date