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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90211 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12618

1. Corporation Name
WINDRUSH NORTH - III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 40347 US 19 N 129 TARPON SPRINGS FL 34689 US	Mailing Address C/O COMMUNITY ACCT & MGMT. INC. 40347 US. 19 N. STE 129 TARPON SPRINGS FL 34689
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2831235
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SPOONSTER, JANET K 40347 U.S. 19N 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 SPRINGS FL 85 Zip Code 34689
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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: *Richard Norman* *Carol S Huber* DATE: 4/7/1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORMAN, RICHARD		1.2 NAME	
STREET ADDRESS 312 N FLORIDA AVE #352		1.3 STREET ADDRESS 352 WINDRUSH LOOP	
CITY-ST-ZIP TARPON SPRINGS FL 34689		1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELLAS, CATHERINE		2.2 NAME	
STREET ADDRESS 18905 EDENBERRY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NORTHVILLE MI		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTHY, RICHARD		3.2 NAME	
STREET ADDRESS 312 N FLORIDA AVE #353		3.3 STREET ADDRESS 353 WINDRUSH LOOP	
CITY-ST-ZIP TARPON SPGS FL 34689		3.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ANIA, JOSEPH		4.2 NAME NORMAN, PAULINE	
STREET ADDRESS 357 WINDRUSH LOOP		4.3 STREET ADDRESS 352 WINDRUSH LOOP	
CITY-ST-ZIP TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X *Richard Norman* **FEES REQUIRED** DATE: 4/7/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 1/1/99