

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90158 034 ****70.00

DOCUMENT # N12618

1. Entity Name

WINDRUSH NORTH - III CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

40347 US 19 N
 129
 TARPON SPRINGS FL 34689
 US

C/O COMMUNITY ACCT & MGMT. INC.
 40347 US. 19 N. STE 129
 TARPON SPRINGS FL 34689-4842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2831235

Applied For

Not Applicable

Zip

Country

Zip

Country

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
40347 U.S. 19N 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 **PD** Delete
 NAME **NORMAN, RICHARD**
 STREET ADDRESS **352 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCCARTHY, RICHARD**
 STREET ADDRESS **353 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPGS FL 34689**

TITLE **TD** Change Addition
 NAME **SELLAS, CATHERINE**
 STREET ADDRESS **356 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **SD** Delete
 NAME **NORMAN, PAULINE**
 STREET ADDRESS **352 WINDRUSH LOOP**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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
 _____ / LCAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)