


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90298 048 \*\*\*\*\*70.00

<b>DOCUMENT # N12618</b>	
1. Entity 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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40060653



**DO NOT WRITE IN THIS SPACE**

03082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2831235	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBER, CAROL  
 40347 U.S. 19N STE 129  
 TARPON SPRINGS, FL 34689

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORMAN, RICHARD 352 WINDRUSH LOOP TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SELLAS, CATHERINE 356 WINDRUSH LOOP TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NORMAN, PAULINE 352 WINDRUSH LOOP TARPON SPRINGS, FL 34689
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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:** Richard L. Norman 4-2-05 727 934-3250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #