

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737407 (7)**

1. Corporation Name

**WINDRUSH COVE, INC.**



Principal Place of Business

Mailing Address

**ONE WINDRUSH BLVD  
INDIAN ROCKS BEACH FL 34635**

**ONE WINDRUSH BLVD  
INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified  
**12/01/1976**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINN, PETER G.  
ONE WINDRUSH BLVD. OFFICE  
INDIAN ROCKS BCH. FL 34635**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME **GALLANT, RAYMOND J.**  
STREET ADDRESS **ONE WINDRUSH BLVD., SUITE 47**  
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE VPD ☒ DELETE

NAME **GUARINO, ANTHONY F.**  
STREET ADDRESS **ONE WINDRUSH BLVD #16**  
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE TD ☒ DELETE

NAME **ESPIR, JOHN**  
STREET ADDRESS **ONE WINDRUSH BLVD., SUITE 98**  
CITY-ST-ZIP **INDIAN ROCKS BEACH**

TITLE SD ☒ DELETE

NAME **TUCK, ROBERT M JR**  
STREET ADDRESS **ONE WINDRUSH BLVD. #5**  
CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

TITLE VPD ☒ DELETE

NAME **AMES, DOUGLAS**  
STREET ADDRESS **ONE WINDRUSH BLVD. #93**  
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME **Ralph, Bruce**  
13 STREET ADDRESS **55 Skymark Dr. Apt. 707**  
14 CITY-ST-ZIP **Willowdale, Ontario, Can M2H 3N4**

21 TITLE VPD ☒ Change ☐ Addition

22 NAME **Ames, Douglas G.**  
23 STREET ADDRESS **RR2 1991 Dummer Lake Rd. West**  
24 CITY-ST-ZIP **Lakefield, Ontario, Can. K0L 2H0**

31 TITLE TD ☒ Change ☐ Addition

32 NAME **Tuck, Robert M. Jr.**  
33 STREET ADDRESS **1 Windrush Blvd.**  
34 CITY-ST-ZIP **Indian Rocks Beach, FL, 34635**

41 TITLE SD ☒ Change ☐ Addition

42 NAME **Voorheis, John**  
43 STREET ADDRESS **1 Windrush Blvd. Unit 99**  
44 CITY-ST-ZIP **Indian Rocks Beach, FL, 34635**

51 TITLE D ☒ Change ☐ Addition

52 NAME **Meyer, Donald E.**  
53 STREET ADDRESS **N. 2290 Birchwood Drive**  
54 CITY-ST-ZIP **Waupaca, Wisc., 54981**

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

Date

813-596-9619

Daytime Phone #

CR2E037 (12/95)