SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** (9)N06800 DOCUMENT # WINDRUSH NORTH - I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40347 US 19 N 40347 US 19 N SUITE 113 SUITE 113 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 3a. Date of Last Report US US 12/21/1984 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2496598 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPROWLS, JOSEPH D (P.O. Box Number is Not Acceptable)

Pem refe MANAGEMEN C/O PREMIERE MANAGEMENT 83 40347 US 19 NORTH, SUITE 113 7 4.5.19 N. **TARPON SPRINGS FL 34689** Zip Code 3468 9 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his 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 recept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

SIGNATURE SIGNATURE istered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/6) 12. OFFICERS AND DIRECTORS 13. Addition Addition TITLE DELETE 1.1 TITLE Change SHATZMAN, JEANNE SELLEW ROGER NAME 1.2 NAME 312 N FLORIDA AVE., #313 312 N. FLORIDA AVE # 320 1.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CiTY-ST-ZiP RINGS 3468 Addition DELETE TITLE 2.1 TITLE OVERBERG, DONALD NAME 2.2 NAME 312 N FLORIDA AVENUE #306 STREET ADDRESS 2.3 STREET ADDRESS **TARPON SPRINGS FL 34689** CITY - ST - ZIP 2.4 City-St-ZIP DELETE Change Addition TITLE 3.1 TITLE GONZALEZ, KAY 3.2 NAME NAME 312 N FLORIDA AVE #310 3.3 STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE D. TITLE GONZALEZ, RICHARD NAME 4. 2 NAME SCOTT LUCY 312 N. FLORIDA AVE. #307 STREET ADDRESS 4.3 STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE SELLEW, ROBERTA NAME 5.2 NAME 312 N. FLORIDA AVE #320 5.3 STREET ADORESS STREET ADDRESS TARPON SPRINGS FL 34689 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADORESS 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 Block 13 if changed, or on an attachment with an address.

ald Bill

SIGNATURE AND TYPED OR PR

SIGNATURE:

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