

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737407

Entity Name: WINDRUSH COVE, INC.**Current Principal Place of Business:**1 WINDRUSH BLVD
INDIAN ROCKS BEACH, FL 33785**Current Mailing Address:**11350 66TH ST N, SUITE 134
LARGO, FL 33773**FEI Number:** 59-1928880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLIDAY ISLES PROPERTY MGMT.
11350 66 ST N #124
LARGO, FL 33773 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ASHBY, JOHN
Address	1 WINDRUSH BLVD. #70
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

Title	D
Name	SOULIOTIS, JOHN
Address	1 WINDRUSH BLVD. #71
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

Title	VPD
Name	COMPITELLO, JEANNE
Address	1 WINDRUSH BLVD #6
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

Title	TD
Name	KUKLIS, LAURA
Address	1 WINDRUSH BLVD #51
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

Title	SD
Name	MATRICARDI, LENORA
Address	1 WINDRUSH BLVD #3
City-State-Zip:	INDIAN ROCKS BEACH FL 33785

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN ASHBY**PRESIDENT****03/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date