

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12618

**Entity Name:** WINDRUSH NORTH - III CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC0767838527**

**Current Principal Place of Business:**

2420 ENTERPRISE RD  
SUITE 204  
CLEARWATER, FL 33763

**Current Mailing Address:**

2420 ENTERPRISE RD  
SUITE 204  
CLEARWATER, FL 33763 US

**FEI Number: 59-2831235**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KRICK, JOHN H  
2420 ENTERPRISE RD  
SUITE 204  
CLEARWATER, FL 33763 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 HOOD, THOMAS  
Address 358 WINDRUSH LOOP  
City-State-Zip: TARPON SPRINGS FL 34689

Title S D  
Name HALL, JACQUELINE  
Address O.O. BOX 146  
City-State-Zip: DANVILLE MI 48819

Title T D  
Name PERRETTI, RONALD  
Address 359 WINDRUSH LOOP  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name CRUZ, JUAN  
Address 362 WINDRUSH LOOP  
City-State-Zip: TARPON SPRINGS FL 34689

Title D  
Name NORMAN, RICHARD  
Address 13108 VILLAGE COURT  
City-State-Zip: CLIO MI 48420

*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: THOMAS HOOD**

**PRESIDENT**

**04/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date