2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 737407

Entity Name: WINDRUSH COVE, INC.

Current Principal Place of Business:

ONE WINDRUSH BLVD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST N, SUITE 134
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-1928880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BABCOCK, ROBERT A
11350 66 ST N #124
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FORTUNATO, JOE
Address: 1 WINOPUS BLVD. #5
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S ( ) Delete
Name: SIPLE, JESSICA
Address: 1 WINOESVTT BLVD. #34
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete
Name: MORTON, SUZANNE
Address: 1 WINDRUSH COVE BLVD #60
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T (X) Delete
Name: KORN, JANET
Address: 1 WINDRUSH COVE BLVD #67
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D (X) Delete
Name: NERI, ELEANOR
Address: 1 WINOEVSH BLVD. #34
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SIPLE, JESSICA
Address: 1 WINDRUSH BLVD. #34
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD (X) Change ( ) Addition
Name: NERI, ELLIE
Address: 1 WINDRUSH COVE BLVD #7
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOE FORTUNATO PD 02/04/2009

Electronic Signature of Signing Officer or Director — Date