

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90021 030 \*\*\*\*70.00

|   |  |  |  |                                       |                               |
|---|--|--|--|---------------------------------------|-------------------------------|
| <b>DOCUMENT # N09410</b>  |  |  |  |                                       |                               |
| <b>1. Entity Name</b><br>WINDRUSH NORTH-II CONDOMINIUM ASSOCIATION, INC.  |  |  |  |                                       |                               |
| <b>Principal Place of Business</b><br>% COMMUNITY ACCTG & MGMT<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689 US  |  |  | <b>Mailing Address</b><br>% COMMUNITY ACCTG & MGMT<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689 US |                                       |                               |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>                                      |  |                                       |                               |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |                                       |                               |
| City & State  |  | City & State   |  |                                       |                               |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>59-2496594    |                               |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b> |                               |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |                                       |                               |
| HUBER, CAROL<br>% COMMUNITY ACCOUNTING & MGMT INC.<br>40347 US 19 N., STE 129<br>TARPON SPRINGS, FL 34689   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                                       |                               |
| FL  |  |  | Zip Code   |                                       |                               |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |  |  |  |                                       |                               |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |  |                                       |                               |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |                               |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |                                       |                               |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>MACKLAIER, TIM                      | <input type="checkbox"/> Delete                                |  | <b>TITLE</b><br>TD                    | <b>NAME</b><br>Macklaier, Tim |
| <b>STREET ADDRESS</b><br>1368 ALDO DR   | <b>CITY - ST - ZIP</b><br>TARPON SPRINGS, FL 34689 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |                               |
| <b>TITLE</b><br>VPD   | <b>NAME</b><br>FARCHER, JOHN                       | <input type="checkbox"/> Delete                                |  | <b>TITLE</b><br>D                     | <b>NAME</b><br>Evans, Randall |
| <b>STREET ADDRESS</b><br>1110 JOSEPH BLVD   | <b>CITY - ST - ZIP</b><br>SAUGERTIES, NY 12477     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |                               |
| <b>TITLE</b><br>SD  | <b>NAME</b><br>EVANS, RANDALL                      | <input type="checkbox"/> Delete                                |  | <b>TITLE</b><br>D                     | <b>NAME</b><br>Evans, Randall |
| <b>STREET ADDRESS</b><br>4914 BROOKWOOD MEADOWS   | <b>CITY - ST - ZIP</b><br>BRIGHTON, MI 48116       |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |                               |
| <b>TITLE</b><br>TD  | <b>NAME</b><br>KEOWN, JIM                          | <input type="checkbox"/> Delete                                |  | <b>TITLE</b><br>SD                    | <b>NAME</b><br>Keown, Jim     |
| <b>STREET ADDRESS</b><br>8409 TWO COURTS  | <b>CITY - ST - ZIP</b><br>RALEIGH, NC 27613        |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                       |                               |
| <b>TITLE</b><br>D   | <b>NAME</b><br>STOELLE, WILLIAM                    | <input checked="" type="checkbox"/> Delete                     |  | <b>TITLE</b><br>PD                    | <b>NAME</b><br>Peeler, Nollie |
| <b>STREET ADDRESS</b><br>371 HORSE FORK RD  | <b>CITY - ST - ZIP</b><br>CLYDE, NC 28721          |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                 |                                       |                               |
| <b>TITLE</b><br>  | <b>CITY - ST - ZIP</b><br>                         |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                       |                               |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |  |  |  |                                       |                               |
| <b>SIGNATURE:</b> _____ <i>TIM MACLAIER</i> <span style="float: right;">March 15/06</span>  |  |  |  |                                       |                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  |                                       |                               |