## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90091 026 \*\*\*\*70.00

DOCU	IMEN	# N	U941U
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Entity Name     WINDRUSH NORTH-II CONDOMINIUM ASSOCIATION,     INC.											
% COMMUNITY ACCTG & MGMT % / 40347 US 19 N., STE 129 40:		% CO 4034	tailing Address % COMMUNITY ACCTG & MGMT 40347 US 19 N., STE 129 TARPON SPRINGS, FL 34689 US				4 B/3) 6)6) A BIE		H31 61 (63)		
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Maili	ng Address							
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.		03082007	Chg-NP	CR2E037	<b>7</b> (12/06)			
City & State		City	City & State			4. FEI Number 59-2496594				plied For t Applicable	
Ζίρ 		Country	Zip		Country		5. Certificate of	Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered A			d Agent			7. Name and A	ddress of New F	Registered A	gent		
ULIDED C	ADOL				l N	ame					
. HUBER, CAROL ' % COMMUNITY ACCOUNTING & MGMT INC.   40347 US 19 N., STE 129				St	Street Address (P.O. Box Number is Not Acceptable)						
TARPON S	SPRINGS, I	FL 34689									
•					C	ity			FL	Zip Code	9
	named entity ions of registe	submits this statement red agent.	for the purpo	se of changing its r	registered of	ffice or registe	red agent, or both,	in the State of Fl	lorida. I am fa	miliar with,	and accept
SIGNATURE .		r printed name of registered age	ent and little if anni	and the state of t							
			and the hopp	Casse (NOTE:	Hegistered Age	nt signature require	d when reinstating)		DATE		
	_			9. Election Cam Trust Fund Co	paign Finan		\$5.00 May Be Added to Fees		Make check rida Departi		
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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.

SIGNATURE: