


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90054 025 ****70.00

DOCUMENT # N09410 1. Entity Name WINDRUSH NORTH-II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % COMMUNITY ACCTG & MGMT 40347 US 19 N., STE 129 TARPON SPRINGS, FL 34689 US			Mailing Address % COMMUNITY ACCTG & MGMT 40347 US 19 N., STE 129 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUBER, CAROL % COMMUNITY ACCOUNTING & MGMT INC. 40347 US 19 N., STE 129 TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACKLAIER, TIM 1368 ALDO DR TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACKLAIER, TIM 1368 ALDO DR MISSISSAUGA ONT CANADA L5H 3E8
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD STEVENS, JIM 340 WINDRUSH LOOP TARPON SPRINGS, FL 34689		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D STOLLE, WILLIAM 371 HORSE FORK RD CLYDE, NC 28721		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD KEOWN, JIM 8409 TWO COURTS RALEIGH, NC 27613		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD PEELER, NOLLIE 4400 BELMONT PARK TERRACE UNIT #188 NASHVILLE, TN 37215		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Nollie Peeler, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>3/13/08</i></u> <small>Date</small>	
<small>Daytime Phone #</small>					