

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90007 006 ****70.00

DOCUMENT # N12618

1. Entity Name
WINDRUSH NORTH - III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**40347 US 19 N
129
TARPON SPRINGS, FL 34689 US**

Mailing Address
**C/O COMMUNITY ACCT & MGMT, INC.
40347 US. 19 N, STE 129
TARPON SPRINGS, FL 34689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2831235

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUBER, CAROL
40347 U.S. 19N STE 129
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME NORMAN, RICHARD
STREET ADDRESS 352 WINDRUSH LOOP
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TD ☐ Delete
NAME SELLAS, CATHERINE
STREET ADDRESS 356 WINDRUSH LOOP
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☒ Delete
NAME NORMAN, PAULINE
STREET ADDRESS 352 WINDRUSH LOOP
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Hall, Samuel
STREET ADDRESS PO Box 146, 1465 Gessop Rd
CITY-ST-ZIP Dansville MI 48819

TITLE VPD ☒ Change ☐ Addition
NAME Sellas, Catherine
STREET ADDRESS 356 Windrush Loop
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE SD ☐ Change ☒ Addition
NAME Griffen, Pat
STREET ADDRESS 5861 Baydy Peak Rd
CITY-ST-ZIP Osage Beach, MO 65065

TITLE TD ☐ Change ☒ Addition
NAME Hall, Jackie
STREET ADDRESS PO Box 146, 1465 Gessop Rd
CITY-ST-ZIP Dansville, MI 48819

TITLE D ☐ Change ☒ Addition
NAME Griffen, Dale
STREET ADDRESS 5861 Baydy Peak Rd
CITY-ST-ZIP Osage Beach, MO 65065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Samuel Z. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

Daytime Phone #