FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06524 (5)

1. Corporation Name

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
645 COMPASS LAKE DRIVE ALFORD FL 32420-9172	645 COMPASS LAKE DRIVE ALFORD FL 32420-9172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1984
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2487783 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PADGETT, JOHN W.
% COMPASS LAKE IN THE HILLS P.O.A., INC.
645 COMPASS LAKE DRIVE
ALFORD FL 32420

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.D. ☒ Change ☐ Addition
NAME	CALLAHAN, TONY	1.2 NAME	Fowler, Margaret
STREET ADDRESS	3161 CLINTON CT.	1.3 STREET ADDRESS	812 Hood Ave
CITY-ST-ZIP	ALFORD FL	1.4 CITY-ST-ZIP	Alford, Fl. 32420
TITLE	VD	2.1 TITLE	V.D. ☒ Change ☐ Addition
NAME	FOWLER, MARGARET	2.2 NAME	Wilkins, William
STREET ADDRESS	812 HOOD AVENUE	2.3 STREET ADDRESS	2448 Sherry Cir.
CITY-ST-ZIP	ALFORD FL	2.4 CITY-ST-ZIP	Alford, Fl. 32420
TITLE	T	3.1 TITLE	T. ☒ Change ☐ Addition
NAME	PADGETT, JOHN	3.2 NAME	Padgett, John
STREET ADDRESS	1855 SPRING LAKE TRAIL	3.3 STREET ADDRESS	1885 Spring Lake Trail
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	Marianna, Fl. 32448
TITLE	S	4.1 TITLE	S. ☒ Change ☐ Addition
NAME	WILKINS, JOHANN J	4.2 NAME	Brunett, Trudy
STREET ADDRESS	2448 SHERRY CIR.	4.3 STREET ADDRESS	3475 Elm Road
CITY-ST-ZIP	ALFORD FL	4.4 CITY-ST-ZIP	Marianna, Fl. 32448
TITLE	D	5.1 TITLE	D. ☒ Change ☐ Addition
NAME	FOWLER, LES	5.2 NAME	Bennett, William
STREET ADDRESS	1106 BAKER AVENUE	5.3 STREET ADDRESS	663 Kokoma Ave.
CITY-ST-ZIP	ALFORD FL	5.4 CITY-ST-ZIP	Alford, Fl. 32420
TITLE	D	6.1 TITLE	D. ☒ Change ☐ Addition
NAME	NICHOLS, TERESA	6.2 NAME	Nichols, Teresa
STREET ADDRESS	522 LORI LANE	6.3 STREET ADDRESS	4663 Shankle Dr.
CITY-ST-ZIP	ALFORD FL	6.4 CITY-ST-ZIP	Marianna, Fl. 32446

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Padgett TREAS. 2/6/1995 904-579-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Padgett Treas.

0020244