# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

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<br>ALFORD FL 32420-9172 | 645 COMPASS LAKE DRIVE<br>ALFORD FL 32420-9172 |

3. Date Incorporated or Qualified: 12/06/1984
3a. Date of Last Report: 02/17/1995

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:

4. FEI Number: 59-2487783 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: WOODLEY, JOHN C.
82 Street Address (P.O. Box Number is Not Acceptable): % COMPASS LAKE IN THE HILLS P.O.A., INC.
83: 645 COMPASS LAKE DRIVE
84 City: ALFORD FL 85 Zip Code: 32420

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JOHN C. WOODLEY, MGR./TREASURER — 1-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOWLER, MARGARET | | 1.2 NAME | | |
| STREET ADDRESS | 812 HOOD AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALFORD FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WILKINS, WILLIAM | | 2.2 NAME | | |
| STREET ADDRESS | 2448 SHERRY CIR | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALFORD FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | PADGETT, JOHN | | 3.2 NAME | WOODLEY, JOHN C. | |
| STREET ADDRESS | 1855 SPRING LAKE TRAIL | | 3.3 STREET ADDRESS | 2163 COLLEGE ST. | |
| CITY-ST-ZIP | MARIANNA FL | | 3.4 CITY-ST-ZIP | MARIANNA, FL 32446 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRUNETT, TRUDY | | 4.2 NAME | | |
| STREET ADDRESS | 3475 ELM ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BENNETT, WILLIAM | | 5.2 NAME | FRED FREED | |
| STREET ADDRESS | 663 KOKOMA AE | | 5.3 STREET ADDRESS | 965 GENESSO AVE. | |
| CITY-ST-ZIP | ALFORD FL | | 5.4 CITY-ST-ZIP | ALFORD, FL 32420 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NICHOLS, TERESA | | 6.2 NAME | | |
| STREET ADDRESS | 4663 SHANKLE DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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)(k), 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 C. WOODLEY — 1-29-96 — (904)579-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #