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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
645 COMPASS LAKE DRIVE ALFORD FL 32420-9172	645 COMPASS LAKE DRIVE ALFORD FL 32420-7199

3. Date Incorporated or Qualified: 12/06/1984
3a. Date of Last Report: 02/07/1996

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

WOODLEY, JOHN C
% COMPASS LAKE ~~DRIVE~~ IN THE HILLS
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 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 _____ 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	☐ 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	D	☒ Change ☒ Addition
NAME	WILKINS, WILLIAM		2.2 NAME	JOE O'BRIEN	
STREET ADDRESS	2448 SHERRY CIR		2.3 STREET ADDRESS	644 LOS PADRES AVE.	
CITY-ST-ZIP	ALFORD FL		2.4 CITY-ST-ZIP	ALFORD, FL 32420	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOODLEY, JOHN C		3.2 NAME		
STREET ADDRESS	3163 COLLEGE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNE FL		3.4 CITY-ST-ZIP		
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	VD	☒ Change ☐ Addition
NAME	FREED, FRED		5.2 NAME		
STREET ADDRESS	965 CENESSO AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALFORD FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☒ Addition
NAME	NICHOLS, TERESA		6.2 NAME	JOHANN WILKINS	
STREET ADDRESS	4663 SHANKLE DR		6.3 STREET ADDRESS	2448 SHERRY CIRCLE	
CITY-ST-ZIP	MARIANNA FL		6.4 CITY-ST-ZIP	ALFORD, FL 32420	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 C Woodley / JOHN C WOODLEY 1-11-97 (941) 538-4343