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NONPROFIT CORPORATION ANNUAL REPORT

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

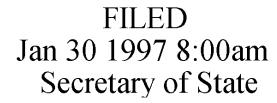
Secretary of State
DIVISION OF CORPORATIONS

(5)

1997

N06524

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.





			ing Address OMPASS LAKE DRIVE RD FL 32420-7199			IMUNICON DEL ODGEO UNION BILLO LI DIL	I IEGIKEN DE ODKE BIND BIND HIND HIND BEGE BIDN GERT DIGH DIGH BIDN		
						3. Date incorporated or Qualified 12/06/1984	3a. Date of La 02/07/1	st Report	
2. Principal F	Place of Business	2a. Mailing Add	ress	•		4. FEI Number		Applied For	
26						59-2487783		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			, etc.			5. Certificate of Status Desired	M ''	5 Additional	
22		27					Fee	Required	
City & State City & State 23 28					 Flection Campaign Financing Trust Fund Contribution 		00 May Be led to Fees		
Zip	Country		 -	Country		This corporation has liability for			
24	25	29	30	,			Yes No	61 5. 199.032,	
	9. Name and Address of Curi			T		10. Name and Address of New Re			
				81	Name				
WOODLEY, JOHN C				82	Street	Address (P.O. Box Number is Not Acceptal	nle)		
% COMPASS LAKE DRIVE IN THE HILLS					L				
	MPASS LAKE DRIVE			83					
ALFORD	FL 32420			84	City		85	Zip Code	
					_ ,			•	
office or	registered agent, or both, in the Sta	ate of Florida. Such cha	nge was autho	rized by	the con	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changir of the appointmen	ng its registered Las registered	
agent. I a	am familiar with, and accept the ob-	ligations of, Section 617	.0503, Florida	Statute	3.	,,,,		. ac rogiote ou	
SIGNATURE									
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS		13.	ent signature	required which reinstating) ADDITIONS/CHANGES TO OFF II	DATE CERS AND DIREC	TORS IN 12	
TITLE	PD			1.1 TITLE			Char		
NAME	FOWLER, MARGARET	_		1.2 NAME			_	<u> </u>	
STREET ADDRESS	812 HOOD AVE				ADDRESS				
CITY - ST - ZIP	ALFORD FL		1	1.4 CITY- S	I - 71P				
TITLE	VO	X	ELETE :	2.1 TITLE		D	⋉ Char	ige 🗶 Addition	
NAME	WILKINS, WILLIAM			2.2 NAME		JOE O'BRIEN 644 Los PADRES AVE.		•	
STREET ADDRESS	2448 SHERRY CIR			2.3 STREET	ADDRESS	644 LOS PADRES AVE.			
CITY-ST-ZIP	ALFORD FL			2. 4 CITY -	ST-21P	ALFORD FL 32420			
TITLE	T		ELETE	3.1 TITLE			Char	nge Addilio	
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 SOURCE TOUR			4.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	BRUNETT, TRUDY			4. 2 NAME					
STREET ADDRESS	3475 ELM ROAD				ADDRESS				
CITY-ST-ZIP	MARIANNA FL			4.4 CITY - S	11 - ZIP	VD	TQ CI		
TITLE	O CDECO CDEO	LJ [5.1 TITLE		\ \ \ \	X Char	ige Addition	
NAME	FREED, FRED		1	5 2 NAME					
STREET ADDRESS	965 CENESSO AVENUE				ADDRESS				
CITY-ST-ZIP						İ			
TITL C	ALFORD FL	1		5.4 CITY - S	I - ZIP	X	V 0544	00 V Addition	
TITLE	D	X t	ELFTE	6.1 TITLE	1 - ZIP	D TOWARD WILKINS	Char	nge Addition	
NAME	D NICHOLS, TERESA	⊠ t	ELFTE	6.1 TITLE		JOHANN WILKINS	Char	nge Addition	
	D NICHOLS, TERESA	⊠ t	ELFTE	6.1 TITLE	ADDRESS	D JOHANN WILKINS 2448 SHERRY CIRCLE ALFORD, FL 32426	⊠ Char	nge 🔏 Addition	

and the first the information supplied with its limit does not duality for life exemption is taked in Section 119.0/(3)(f), Florida Statutes. 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.

CICALATURE: /

Story C. Washing

1-14 97

(904) 520, 4302