

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90009 041 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06524

1. Corporation Name

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.

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

Mailing Address
645 COMPASS LAKE DRIVE
ALFORD FL 32420-9172



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/06/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2487783

Applied For
Not Applicable

22

27

City & State

City & State

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

23

28

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODLEY, JOHN C
% COMPASS LAKE DRIVE
645 COMPASS LAKE DRIVE
ALFORD FL 32420

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

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 D ☐ DELETE
NAME HANES, RAY
STREET ADDRESS 806 HOOD AVENUE
CITY-ST-ZIP ALFORD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME OBRIEN, JOE
STREET ADDRESS 644 LOS PADRES AVE
CITY-ST-ZIP ALFORD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME WOODLEY, JOHN C
STREET ADDRESS 3183 COLLEGE STREET
CITY-ST-ZIP MARIANNE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME POPE BRUNETT, TRUDY
STREET ADDRESS 3475 ELM ROAD
CITY-ST-ZIP MARIANNA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME FREED, FRED
STREET ADDRESS 965 CENESSO AVENUE
CITY-ST-ZIP ALFORD FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WILKINS, JOHANN
STREET ADDRESS 2448 SHERRY CIR
CITY-ST-ZIP ALFORD FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME PD
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

(850) 579-4303

Daytime Phone #

CR2E037 (1/98)