

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06524

1. Entity Name

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCI

FILED

00 FEB 28 PH 3:09

SECRETARY OF STATE
TALLAHASSEE, FL 32304



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

645 COMPASS LAKE DRIVE
ALFORD FL 32420-9172

645 COMPASS LAKE DRIVE
ALFORD FL 32420-7199

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2487783

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Delete
NAME	HANES, RAY	
STREET ADDRESS	806 HOOD AVENUE	
CITY-ST-ZIP	ALFORD FL	
TITLE	VD	☐ Delete
NAME	OBRIEN, JOE	
STREET ADDRESS	644 LOS PADRES AVE	
CITY-ST-ZIP	ALFORD FL	
TITLE	T	☐ Delete
NAME	WOODLEY, JOHN C	
STREET ADDRESS	3163 COLLEGE STREET	
CITY-ST-ZIP	MARIANNA FL	
TITLE	S	☐ Delete
NAME	POPE BRUNETT, TRUDY	
STREET ADDRESS	3475 ELM ROAD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	PD	☒ Delete
NAME	FREED, FRED	
STREET ADDRESS	965 CENESSO AVENUE	
CITY-ST-ZIP	ALFORD FL	
TITLE	D	☒ Delete
NAME	WILKINS, JOHANN	
STREET ADDRESS	2448 SHERRY CIR	
CITY-ST-ZIP	ALFORD FL	

TITLE	D	☐ Change ☒ Addition
NAME	CHERYL GAFFANEY	
STREET ADDRESS	3630 PINE ST.	
CITY-ST-ZIP	MARIANNA, FL 32448	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☐ Change ☒ Addition
NAME	DEBBIE SHULER	
STREET ADDRESS	1088 EDISON AVE.	
CITY-ST-ZIP	ALFORD, FL 32420	
TITLE	D	☐ Change ☒ Addition
NAME	RICHARD KUMMER	
STREET ADDRESS	2609 ARPANO CIRCLE	
CITY-ST-ZIP	ALFORD, FL 32420	

12. 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 report or supplemental 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 10 or Block 11 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

1/7/00
(R50) 579-4303

Date

(R50) 579-4303

Daytime Phone #