2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004
Secretary of State

DOCUMENT# N06524

Entity Name: COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 COMPASS LAKE DRIVE
ALFORD, FL 324209172

New Principal Place of Business:

Current Mailing Address:

645 COMPASS LAKE DRIVE
ALFORD, FL 324209172

New Mailing Address:

FEI Number: 59-2487783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOOLE, BRENDA
C/0 COMPASS LAKE POA
645 COMPASS LAKE DRIVE
ALFORD, FL 32420 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUMMER, RICHARD
Address: 2609 ARPANO CIRCLE
City-St-Zip: ALFORD, FL 32420

Title: D ( ) Delete
Name: DERN, BRIAN C
Address: 3474 NORTEK BLVD
City-St-Zip: MARIANNA, FL 32448

Title: T ( ) Delete
Name: TOOLE, BRENDA S
Address: PO BOX 232
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete
Name: CODRINGTON, BRUCE
Address: 566 LOOKOUT LANE
City-St-Zip: ALFORD, FL 32420

Title: VP ( ) Delete
Name: STEFFEN, MARVIN
Address: 990 PUTMAN AVE
City-St-Zip: ALFORD, FL 32420

Title: P ( ) Delete
Name: KUMMER, RICHARD
Address: 2609 ARPANO CIRCLE
City-St-Zip: ALFORD, FL 32420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: KUMMER, RICHARD
Address: 2609 ARPANO CIRCLE
City-St-Zip: ALFORD, FL 32420

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GAFFANEY, JOHN
Address: 3630 PINE NEEDLE ST
City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA S TOOLE T 02/27/2004
Electronic Signature of Signing Officer or Director — Date

SECRETARY, TAMMY WELLS
PO BOX 292
MARIANNA, FL 32420