2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 28, 2005 8:00 am
Secretary of State
01-07-2005 90016 013 ****70.00

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # N06524

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

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

2. Principal Place of Business	3. Mailing Address
645 Compass Lake DRIVE	645 Compass Lake Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alford, Florida	City & State: Alford, Florida
Zip: 32420 Country: USA	Zip: 32420 Country: USA

4. FEI Number: 59-2487783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Linda Brown
Street Address (P.O. Box Number is Not Acceptable): 3595 NW Baker Road
City: Altha FL Zip Code: 32421

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES KUMMER, RICHARD 2609 ARPANO CIRCLE ALFORD, FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marlene Coker PO Box 555 ~~Fountain, Florida 32438~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DERN, BRIAN C 3474 NORTEK BLVD MARIANNA, FL 32448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOOLE, BRENDA S PO BOX 232 MARIANNA, FL 32448	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Linda Brown 3595 NW Baker Road Altha, Florida 32421	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODRINGTON, BRUCE 566 LOOKOUT LANE ALFORD, FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEFFEN, MARVIN 990 PUTMAN AVE ALFORD, FL 32420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAFFANEY, JOHN 3630 PINE NEEDLE ST MARIANNA, FL 32448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda S Brown 01-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #