2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
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:

BROWN, LINDA
3595 NORTHWEST BAKER ROAD
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

BROWN, LINDA
3703 NW TWIN PONDS ROAD
MARIANNA, FL 32448 US

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: _____ 01/17/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	STEFFEN, MARVIN	
Address:	990 PUTNAM AVE	
City-St-Zip:	ALFORD, FL 32420	
Title:	V P	( ) Delete
Name:	GAFFANEY, JOHN	
Address:	3630 PINE NEEDLE	
City-St-Zip:	MARIANNA, FL 32448	
Title:	D	( ) Delete
Name:	CODRINGTON, BRUCE	
Address:	566 LOOKOUT LANE	
City-St-Zip:	ALFORD, FL 32420	
Title:	D	( ) Delete
Name:	HOMRIG, WILLIAM	
Address:	3108 CORMICK CIRCLE	
City-St-Zip:	ALFORD, FL 32420	
Title:	D	( ) Delete
Name:	REAGAN, LEAH	
Address:	2638 ARPANA CIRCLE	
City-St-Zip:	ALFORD, FL 32420	
Title:	S	( ) Delete
Name:	HORTON, LENA L	
Address:	1069 FIRST AVE	
City-St-Zip:	GRACEVILLE, FL 32440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SHULER, DEBORAH	
Address:	1088 EDISON AVE	
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:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA BROWN MGR 01/17/2007
Electronic Signature of Signing Officer or Director — Date