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## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2003 8:00 am Secretary of State **DOCUMENT # N06524** 01-17-2003 90070 048 \*\*\*\*61.25 COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCI ATION, INC. Principal Place of Business Mailing Address 645 COMPASS LAKE DRIVE 645 COMPASS LAKE DRIVE ALFORD FL 32420-9172 ALFORD FL 32420-9172 90004203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2487783 Applied For Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOOLE, BRENDA Street Address (P.O. Box Number is Not Acceptable) C/O COMPASS LAKE POA 645 COMPASS LAKE DRIVE ALFORD FL 32420 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete D TITLE Addition Change NAME KUMMER, RICHARD NAME Pope, C.K. STREET ADDRESS 2609 ARPANO CIRCLE STREET ADDRESS 20727 NW Lamb Eddy Rd. CITY-ST-7IP ALFORD FL 32420 CITY-ST-ZIP <u>Altha.</u> FL 32421 VPD TITLE ☑ Delete TITLE X Addition NAME GAFFANEY, CHERYL NAME Dern, Brian C. STREET ADDRESS 3630 PINE STREET STREET ADDRESS 3474 Nortek Blvd. CITY-ST-ZIP MARIANNA FL 32448 CITY-ST-7/P <u>Marianna, FL 32448</u> Delete TITLE ☐ Change X Addition TOOLE, BRENDA S --NAME Wells, Tammy STREET ADDRESS PO BOX 232 STREET ADDRESS P.O. Box 292 CITY-ST-ZIP Marianna FL 32448 CITY-ST-ZIP <u>Marianna, FL</u> 32447 TITLE ☑ Delete TITLE ☐ Change Addition BROWN, LINDA NAME NAME Codrington, Bruce STREET ADDRESS 3593 NW BAKER RD STREET ADDRESS 566 Lookout Lane CITY-ST-ZIF ALTHA FL 32421 CITY-ST-ZIP Alford, FL 32420 TITLE Delete Change ☐ Addition NAME STEFFEN, MARVIN Steffen, Marvin STREET ADDRESS 990 PUTMAN AVE STREET ADDRESS 990 Putman Ave. CITY-ST-ZIP ALFORD FL 32420 CITY-ST-ZIP <u>Alfor</u>d, FL 32420 TITLE ☑ Delete TITLE X Change ☐ Addition NAME KUMMER, RICHARD NAME Kummer, Richard STREET ADDRESS 2609 ARPANO CIRCLE STREET ADDRESS 2609 Arpano Circle CITY-ST-ZIP ALFORD FL 32420 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>1-14-03</u>

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