FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

FILED
95 FEB 17 PM 3:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13709 (3)

1. Corporation Name

COMPASS POINT SOUTH AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DR STE 206 NAPLES FL 33940 US	1104 CASTELLO DR SUITE 206 NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1986
3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0154844 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DR, STE 206
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TACKETT, JAMES	1.2 NAME	
STREET ADDRESS	4600 ENTERPRISE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DELLAS, JAMES	2.2 NAME	
STREET ADDRESS	4600 ENTERPRISE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	~~D~~	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~BENSON, DAVID~~	3.2 NAME	Reardon, Patricia
STREET ADDRESS	~~3570 JALDEMAN CREEK DR #122~~	3.3 STREET ADDRESS	3554 Haldeman Creek Drive
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	Naples, FL 33962
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HAROLD	4.2 NAME	
STREET ADDRESS	1044 CASTELLO DR, STE 206	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	~~AS~~	5.1 TITLE	A/S ☐ Change ☐ Addition
NAME	~~GENNARO, JOE~~	5.2 NAME	Landon, Glenn A.
STREET ADDRESS	~~1044 CASTELLO DR, STE 206~~	5.3 STREET ADDRESS	1044 Castello Dr. #206
CITY-ST-ZIP	~~NAPLES FL~~	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Williams 2-13-95 813-261-3470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000638