

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13709 (3)**

1. Corporation Name

**COMPASS POINT SOUTH AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.**



<b>Principal Place of Business</b> 1044 CASTELLO DR STE 206 NAPLES FL 33940 US	<b>Mailing Address</b> 1104 CASTELLO DR SUITE 206 NAPLES FL 33940 US
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<b>2. Principal Place of Business</b> 21 265 Airport Rd. S Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 34105 24 Country US	<b>2a. Mailing Address</b> 26 265 Airport Rd. S Suite, Apt. #, etc. 27 City & State 28 Naples, FL Zip 34105 29 Country US	<b>3. Date Incorporated or Qualified</b> 03/06/1986 <b>3a. Date of Last Report</b> 02/17/1995 <b>4. FEI Number</b> 65-0154844 Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> \$5.00 May Be Added to Fees <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> SOUTHWEST PROPERTY MANAGEMENT CORP 1044 CASTELLO DR, STE 206 NAPLES FL 33940	<b>10. Name and Address of New Registered Agent</b> 81 Name R & P Property Management Associates 82 Street Address (P.O. Box Number is Not Acceptable) 265 Airport Rd. S 83 84 City Naples FL 85 Zip Code 34105
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD TACKETT, JAMES</b> <b>4600 ENTERPRISE AVE</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>PD Cynthia Sekowski</b> <b>3538 Haldeman Creek Dr.</b> <b>Naples, FL 34112</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD DELLAS, JAMES</b> <b>4600 ENTERPRISE AVE</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<b>SD Marietta Conway</b> <b>3750 Haldeman Creek Dr.</b> <b>Naples, FL 34112</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D REARDON, PATRICIA</b> <b>3554 HALDEMAN CREEK DR</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<b>TD James Andrew Patricia Benson</b> <b>3570 Haldeman Creek Dr.</b> <b>Naples, FL 34112</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T WILLIAMS, HAROLD</b> <b>1044 CASTELLO DR, STE 206</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<b>D John Scott</b> <b>3538 Haldeman Creek Dr.</b> <b>Naples, FL 34112</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS LONDON, GLENN A</b> <b>1044 CASTELLO DR. #206</b> <b>NAPLES FL</b> <input checked="" type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<b>D Clifford Quimby</b> <b>3554 Haldeman Creek Dr.</b> <b>Naples, FL 34112</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<b>800001924098</b> <b>-08/16/96--01036--021</b> <b>***61.25</b>

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)(k), 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: [Signature] 5-16-96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)