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FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

265 AIRPORT RD. S.  
NAPLES FL 34105  
US

Mailing Address

265 AIRPORT RD. S.  
NAPLES FL 34104-3518  
US

3. Date Incorporated or Qualified  
03/06/1986

3a. Date of Last Report  
08/16/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R & P PROPERTY MANAGEMENT ASSOCIATES  
265 AIRPORT RD. S.  
NAPLES FL 34105

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEKOWSKI, CYNTHIA	
STREET ADDRESS	3538 HALDEMAN CREEK DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONWAY, MARIETTA	
STREET ADDRESS	3750 HALDEMAN CREEK DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, PATRICIA	
STREET ADDRESS	3570 HALDEMAN CREEK DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, JOHN	
STREET ADDRESS	3538 HALDEMAN CREEK DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUIMBY, CLIFFORD	
STREET ADDRESS	3554 HALDEMAN CREEK DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD James MacIsaac
3.3 STREET ADDRESS	3522 Haldean Creek Dr #4-124
3.4 CITY-ST-ZIP	Naples, FL 34112
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Orrin Whitney
4.3 STREET ADDRESS	3522 Haldean Creek Dr. #4-121
4.4 CITY-ST-ZIP	Naples, FL 34112
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Arthur Munoz
5.3 STREET ADDRESS	3522 Haldean Creek Dr. #4-113
5.4 CITY-ST-ZIP	Naples, FL 34112
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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]* PRESIDENT 4-22-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0059145

CR2E037 (9/96)