2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13709

FILED Apr 14, 2004 Secretary of State

Entity Name: COMPASS POINT SOUTH AT WINDSTAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 265 AIRPORT RD. S. NAPLES, FL 34104 US **Current Mailing Address: New Mailing Address:** 265 AIRPORT RD. S. NAPLES, FL 34104 US FEI Number: 65-0154844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & P PROPERTY MANAGEMENT ASSOCIATES 265 AIRPORT RD. S. NAPLES, FL 34105 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCHMITZ, NORMAN Name: Name: 3554 HALDEMAN CREEK DRIVE # 132 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: (X) Change () Addition REARDON, PATRICIA Name: Name: WILDMAN, CHARLES Address: 3554 HALDENMAN CREEK DR 136 Address: 3570 HALDEMAN CREEK DRIVE #135 City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: SD () Delete Title: (X) Change () Addition CLARKE, JIM MCDONNELL, NANCY Name: Name: 3570 HALDEMAN CREEK DR 3538 HALDEMAN CREEK DR #133 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 () Delete Title: PD Title: () Change () Addition SOLLECITO, JOHN Name: Name: 3554 HALDEMAN CREEK DRIVE #115 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: Title: (X) Delete () Change () Addition LOTHAR, MINUTH Name: Name: 3554 HALDEMAN CREEK DRIVE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SOLLECITO PD 04/14/2004