## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13709

FILED Apr 15, 2008 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: () Delete (X) Change ( ) Addition LOCEY, LEONARD YOUNG, BOB Name: Name: 5169 LOCHWOOD COURT Address: 3538 HALDEMAN CREEK DR #132 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 Title: PD () Delete Title: () Change () Addition MACLEOD, ROBERT Name: Name: Address: 3570 HALDEMAN CREEK DRIVE #134 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DALLMAN, RICHARD BLACK, DAVE Name: Name: 3554 HALDEMAN CREEK DR #135 3554 HALDEMAN CREEK DR #112 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 ( ) Delete Title: VPD Title: () Change () Addition SOLLECITO, JOHN Name: Name: 3554 HALDEMAN CREEK DRIVE #115 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition KERSCH, KEITH Name: Name: KERSCH, KEITH 3554 HALDERMAN CREEK DRIVE #123 3554 HALDERMAN CREEK DRIVE #123 Address: Address: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BOB MACLEOD PD 04/15/2008