


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90059 028 \*\*\*\*61.25

DOCUMENT # N99000000298					
1. Entity Name COMPASS POINTE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 707 ROCHESTER DRIVE W. MELBOURNE, FL 32904			Mailing Address 707 ROCHESTER DRIVE W. MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3558549	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANSEN, RICHARD E 707 ROCHESTER DRIVE W. MELBOURNE, FL 32904			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D/P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTILE, SALVADORE			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
TITLE	D/V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADE, JEFFREY			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, RICHARD E			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
TITLE	D/T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER, TERRENCE			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAUF, FRANK			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRAWDER, ROBERT			NAME	
STREET ADDRESS	707 ROCHESTER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE, FL 32904			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Terrence A Peter</i> <b>TERRENCE A. PETER</b> 3/19/08 3217257671					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					