

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90147 019 ****61.25

DOCUMENT # N99000000298

1. Entity Name

COMPASS POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**700 N. WICKHAM ROAD
MELBOURNE FL 32935**

Mailing Address

**700 N. WICKHAM ROAD
MELBOURNE FL 32935**

10011432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3558549**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STITZEL, ROBERT E SR.
700 N. WICKHAM ROAD
MELBOURNE FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **STITZEL, ROBERT E SR.**
STREET ADDRESS **700 N. WICKHAM ROAD**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **Director** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **MULLIN, KEITH**
STREET ADDRESS **700 N WICKMAN ROAD 209**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
NAME **Judith Baldauf**
STREET ADDRESS **719 Brockton Way**
CITY-ST-ZIP **W. Melbourne, FL 32904**

TITLE **D** Delete
NAME **DETTMER, DALE A**
STREET ADDRESS **780 S APOLLO BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE Change Addition
NAME
STREET ADDRESS **304 S. Harbor City Blvd.**
CITY-ST-ZIP

TITLE **P** Delete
NAME **HURTIBUS, CHUCK**
STREET ADDRESS **700 N WICKHAM RD 209**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **ONDRUS, KEN**
STREET ADDRESS **700 N WICKMAN RD 209**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **PERRI, JOE**
STREET ADDRESS **700 WICKMAN ROAD 209**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

[Handwritten Signature]

1/22/03 321-254-8454

CR2E037 (10/02)