

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90063 027 ****61.25

DOCUMENT # N06524

1. Entity Name

COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCI

Principal Place of Business

645 COMPASS LAKE DRIVE
 ALFORD FL 32420-9172

Mailing Address

645 COMPASS LAKE DRIVE
 ALFORD FL 32420-9172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2487783

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WOODLEY, JOHN C
 % COMPASS LAKE DRIVE
 645 COMPASS LAKE DRIVE
 ALFORD FL 32420

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.

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
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GAFFANEY, CHERYL
 CITY-ST-ZIP 3630 PINE STREET
 MARIANNA FL 32448

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS POPE, C.K.
 CITY-ST-ZIP 3475 ELM ROAD
 MARIANNA, FL 32448

TITLE ☒ Delete
 NAME VD
 STREET ADDRESS OBRIEN, JOE
 CITY-ST-ZIP 644 LOS PADRES AVE
 ALFORD FL

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS INCE, FREDERICK
 CITY-ST-ZIP 905 DEVILS COURT
 ALFORD, FL 32420

TITLE ☐ Delete
 NAME T
 STREET ADDRESS WOODLEY, JOHN C
 CITY-ST-ZIP 3163 COLLEGE STREET
 MARIANNE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME S
 STREET ADDRESS POPE BRUNETT, TRUDY
 CITY-ST-ZIP 3475 ELM ROAD
 MARIANNA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS SHULER, DEBBIE
 CITY-ST-ZIP 1088 EDISON AVE
 ALFORD FL 32470

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KUMMER, RICHARD
 CITY-ST-ZIP 2609 ARPANO CIRCLE
 ALFORD FL 32420

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: *J. C. Woodley* J. C. WOODLEY

01/04/01

(850) 579-4303