I hereby 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 all other like empowered.

DIRECTOR

SIGNATURE: I	CAIN

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13709

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

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215 NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215 NAPLES, FL 34104 US

FEI Number: 65-0154844

Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215 NAPLES, FL 34104 US

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	E: ROBERT ROSENOW		04/22/2023
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	TREASURER	Title	PRESIDENT
Name	CURTIS, RICHARD	Name	TEDESCO, GERALD
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	VICE PRESIDENT	Title	SECRETARY
Name	MCCARTHY, TIMOTHY	Name	YACOBIAN, MARY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215	Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUIT#215
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104
Title	DIRECTOR		
Name	CAIN, MELANIE		
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S STE 215		
City-State-Zip:	NAPLES FL 34104		

Certificate of Status Desired: No

FILED Apr 22, 2023 Secretary of State 6819101308CC

04/22/2023