

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000298

**Entity Name:** COMPASS POINTE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

707 ROCHESTER DR.  
W. MELBOURNE, FL 32904

**Current Mailing Address:**

707 ROCHESTER DRIVE  
W. MELBOURNE, FL 32904 US

**FEI Number: 59-3558549**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NORRIS, SHIRLEY ANN  
707 ROCHESTER DRIVE  
W. MELBOURNE, FL 32904 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: SHIRLEY A NORRIS**

**03/18/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name GREENE, BILL  
Address 707 ROCHESTER DR.  
City-State-Zip: W. MELBOURNE FL 32904

Title DIRECTOR, VP  
Name WITTIG, BOB  
Address 707 ROCHESTER DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

Title DIRECTOR, SECRETARY  
Name NORRIS, SHIRLEY A  
Address 707 ROCHESTER DR.  
City-State-Zip: W. MELBOURNE FL 32904

Title DIRECTOR, TREASURER  
Name ADAMS, ROBERT  
Address 707 ROCHESTER DRIVE  
City-State-Zip: W.MELBOURNE FL 32904

Title DIRECTOR  
Name ANSELL, GORDON  
Address 707 ROCHESTER DRIVE  
City-State-Zip: W.MELBOURNE FL 32904

Title DIRECTOR  
Name EMHARDT, LINDA  
Address 707 ROCHESTER DRIVE  
City-State-Zip: W. MELBOURNE FL 32904

Title DIRECTOR  
Name SMITH, GARY  
Address 707 ROCHESTER DR.  
City-State-Zip: W. MELBOURNE FL 32904

Title DIRECTOR  
Name CLEEK, CAROL  
Address 707 ROCHESTER DR.  
City-State-Zip: W. MELBOURNE FL 32904

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*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.*

**SIGNATURE: SHIRLEY A NORRIS**

**SECRETARY**

**03/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PUZYCKI, MIKE A  
Address        707 ROCHESTER DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904