## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 23, 2006 8:00 am Secretary of State

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DOCUMENT # 755613  1. Entity Name COMPASS POINT CONDOMINIUM ASSOCIATION, INC.							006 90019 0	11 ****6	51.25
Principal Place of Business 1299 MIDDLE GULF DR. SANIBEL, FL 33957  Mailing Address PO BOX 190 SANIBEL, FL 33957				JUMPHILI			1 81716 61811 8181		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132006	Chg-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 59-1961				plied For at Applicable
Zip	Country	Zip	Country		-5Certificate o	f Status Desire	ad □	8.75 Add	ditional
	6. Name and Address of Current	t Registered Agent			7. Name and A	ddress of Ne	w Registered A	gent	
OWENS, DAVE 695 TARPON BAY RD #5			Nam Stree	377	OLMER (P.O. Box Number	TUSCO is Not Accept	able)	iom pa	eny
#5 SANIBEL, FL 33957			8 City	961	Confere	ence	ک <sub>,</sub> ح FL	te a	
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	named entity submits this statement for	or the purpose of changing its r	registered offic	ce or registe	ered agent, or both	, in the State o	of Florida. I am fa	amiliar with,	and accept
the obligati	ions of registered agent.					1 1			
		Vid I An II or	A . 1/1/		_	11/1-1			
SIGNATURE A	Signature, typed or printed name of registered again	Michael Miller and title if applicable. (NOTE:	···		ed when reinstating)	415/01	DATE		<u> </u>
SIGNATURE A	1. ( 1.0	<i> </i>	:Registered Agent s	signature requir	\$5.00 May Be Added to Fees	1.75 m	DATE Make check Florida Depart	ment of SI	tate 🎺 💆
SIGNATURE A	Signature, typed or printed name of registered again	9. Election Cam Trust Fund Co	:Registered Agent s	signature requir	sd when reinstating)	1.75 m	DATE Make check Florida Depart	ment of SI	tate 3 4 7
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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 of the angular statute.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, Ast. Treasurer Hislar

Daytime Phone #