

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-23-2006 90019 011 ****61.25

DOCUMENT # 755613

1. Entity Name
COMPASS POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1299 MIDDLE GULF DR.
SANIBEL, FL 33957

Mailing Address
PO BOX 190
SANIBEL, FL 33957

40017160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1961657

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

OWENS, DAVE
695 TARPON BAY RD
#5
SANIBEL, FL 33957

Name Stroemer Tuscan & Company
Street Address (P.O. Box Number is Not Acceptable)
8961 Conference Dr., Ste 2
City Ft. Myers FL Zip Code 33919

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

Michael Miller, Asst Treasurer 2/15/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 P ☐ Delete
NAME HIRSCHFELD, STAN
STREET ADDRESS 7273 WATERVIEW POINT
CITY-ST-ZIP NOBLESVILLE, IN 46062

TITLE AT ☐ Change ☒ Addition
NAME Michael Miller
STREET ADDRESS 8961 Conference Dr., Ste 2
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE V ☒ Delete
NAME DOUCETTE, DAN
STREET ADDRESS 13435 TOSCA COURT
CITY-ST-ZIP ELM GROVE, WI 53122

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

TITLE TD ☐ Delete
NAME CAREY, JAMES
STREET ADDRESS 235 BASSWOOD RD
CITY-ST-ZIP LAKE FOREST, IL 60045

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

TITLE AT ☒ Delete
NAME OWENS, DAVE
STREET ADDRESS 695 TARPON BAY RD #5
CITY-ST-ZIP SANIBEL, FL 33957

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

TITLE S ☐ Delete
NAME ROSS, SUSAN
STREET ADDRESS 737 TIMBER LANE
CITY-ST-ZIP LAKE FOREST, IL 60045

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 with an address, with all other like empowered.

SIGNATURE:

Michael Miller, Asst. Treasurer 2/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #