

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755613

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** COMPASS POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1299 MIDDLE GULF DR.  
SANIBEL, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 59-1961657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACKESY, STEVEN J  
711 TARPON BAY RD  
SANIBEL, FL 33957 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COFFEY, WILLIAM  
Address: 10437 SPRING HIGHLAND DR  
City-St-Zip: INDIANAPOLIS, IN 46290

Title: TD ( ) Delete  
Name: CAREY, JAMES  
Address: 235 BASSWOOD RD  
City-St-Zip: LAKE FOREST, IL 60045

Title: S ( ) Delete  
Name: ROSS, SUSAN  
Address: 737 TIMBER LANE  
City-St-Zip: LAKE FOREST, IL 60045

Title: VD ( ) Delete  
Name: MACKAY, DAVE  
Address: 4925 WIDMER  
City-St-Zip: SHAWNEE, KS 66216

Title: D ( ) Delete  
Name: DEAGEN, ELISE  
Address: 128 OCEAN AVE  
City-St-Zip: AMITYVILLE, NY 11701

Title: D ( ) Delete  
Name: WAINSCOTT, ED  
Address: 2890 MONROE ST  
City-St-Zip: LA PORTE, IN 46350

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: CAREY, JAMES  
Address: 1331 LAWRENCE AVE  
City-St-Zip: LAKE FOREST, IL 60045

Title: VD (X) Change ( ) Addition  
Name: HIRSCHFELD, STAN  
Address: 7273 WATERVIEW POINT  
City-St-Zip: NOBLESVILLE, IN 46062

Title: D (X) Change ( ) Addition  
Name: SCHAEFER, DON  
Address: 13205 WRAYBURN RD  
City-St-Zip: ELM GROVE, WI 53122

Title: D (X) Change ( ) Addition  
Name: KLEINHENN, DAVID  
Address: 20901 EDGEWATER DR  
City-St-Zip: NOBLESVILLE, IN 46062 91

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM COFFEY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date