

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760586

1. Entity Name

COMPASS CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90064 004 ****61.25

Principal Place of Business

13880 PERDIDO KEY DR
PENSACOLA FL 32507
US

Mailing Address

P O BOX 34123
PENSACOLA FL 32507-4123
US

2. Principal Place of Business

13880 PERDIDO KEY DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

City & State

Zip

32507

Country

USA

Zip

Country

4. FEI Number

59-2389692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARTINGTON, BRUCE D
125 WEST ROMANA STREET
SUITE 800
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Brenda Beumer

Street Address (P.O. Box Number is Not Acceptable)

Rx0xx00xx34123

13880 Perdido Key Drive

City

Pensacola

FL

Zip Code
32507

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.

SIGNATURE

Brenda Beumer

2/11/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZIESKE, ART	
STREET ADDRESS	20269 LYNDIA DR.	
CITY-ST-ZIP	SPRINGFIELD LA 70462-7316	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLEY, SHARON	
STREET ADDRESS	14795 PERDIDO KEY DR., A-2	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUNLAP, VICKI	
STREET ADDRESS	1120 PEPPERIDGE DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FULLER, MARK	
STREET ADDRESS	14795 PERDIDO KEY DR., C-3	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIER, BETTY LU	
STREET ADDRESS	P.O. BOX 4262	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIESKI, PAT	
STREET ADDRESS	20269 LYNDIA DR.	
CITY-ST-ZIP	SPRINGFIELD LA 70462-7316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETE
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Art Zieske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

(225) 695-6640

Daytime Phone #

CR2E037 (9/99)