# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jul 10, 2001 8:00 am**
**Secretary of State**
07-10-2001 90131 012 ****61.25

DOCUMENT # 760586

1. Entity Name

COMPASS CONDOMINIUM ASSOCIATION, INC.

LA

D0058539

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 13880 PERDIDO KEY DR<br>PENSACOLA FL 32507<br>US | P O BOX 34123<br>PENSACOLA FL 32507<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| BEUMER, BRENDA<br>13880 PERDIDO KEY DR<br>PENSACOLA FL 32507 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ZIESKE, ART<br>20269 LYNDA DR.<br>SPRINGFIELD LA 70462-7316 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROWLEY, SHARON<br>14795 PERDIDO KEY DR., A-2<br>PENSACOLA FL 32507 | ☐ Delete | VD<br>ROWLEY, SHARON<br>14795 PERDIDO KEY DR, A-2<br>PENSACOLA FL 32507 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DUNLAP, VICKI<br>1120 PEPERIDGE DR<br>PENSACOLA FL 32504 | ☐ Delete | SD<br>DUNLAP, VICKI<br>1120 PEPERIDGE DR<br>PENSACOLA, FL 32504 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FULLER, MARK<br>14795 PERDIDO KEY DR., C-3<br>PENSACOLA FL 32507 | ☐ Delete | PD<br>FULLER, MARK<br>900 RAIL CI.<br>PENSACOLA, FL 32507 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>FRIER, BETTY LU<br>P.O. BOX 4262<br>PENSACOLA FL 32507 | ☐ Delete | TD<br>FRIER, BETTY LU<br>PO BOX 4262<br>PENSACOLA FL 32507 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ZIESKI, PAT<br>20269 LYNDA DR.<br>SPRINGFIELD LA 70462-7316 | ☒ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Mark C. Fuller MARK C. Fuller 7/3/01 850-492-7719