

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90467 040 ****61.25

DOCUMENT # 760586

1. Entity Name

COMPASS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13880 PERDIDO KEY DR
PENSACOLA FL 32507
US**

**P O BOX 34123
PENSACOLA FL 32507
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
13880 PERDIDO KEY DR
PENSACOLA FL 32507**

Name

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

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 **VD** ☐ Delete
NAME **ROWLEY, SHARON**
STREET ADDRESS **14795 PERDIDO KEY DR., A-2**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Change ☒ Addition
NAME **ART ZIESKE**
STREET ADDRESS **20269 LYNDRA DR.**
CITY-ST-ZIP **SPRINGFIELD, LA 70462**

TITLE **SD** ☐ Delete
NAME **DUNLAP, VICKI**
STREET ADDRESS **1120 PEPERDIGE DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE **PD** ☐ Delete
NAME **FULLER, MARK**
STREET ADDRESS **14795 PERDIDO KEY DR., C-3**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

TITLE **TD** ☐ Delete
NAME **FRIER, BETTY LU**
STREET ADDRESS **P.O. BOX 4262**
CITY-ST-ZIP **PENSACOLA FL 32507**

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

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 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 ~~the~~ empowered.

SIGNATURE:

MARK FULLER 4-29-02 850-492-7506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)