

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90209 049 \*\*\*\*61.25

<b>DOCUMENT # 760586</b> 1. Entity Name <b>COMPASS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 14795 PERDIO KEY DR. PENSACOLA, FL 32507 US			Mailing Address 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 <b>59-2389692</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALTERS, DEBORAH 6200 DON CARLOS DRIVE PENSACOLA, FL 32507				Name <b>DIANNE VIGLIENZONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5039 CHALLENGER WAY</b> City <b>PENSACOLA</b> FL Zip Code <b>32507</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <b>4-26-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABIN, BRIDGET K		NAME		
STREET ADDRESS	7245 HWY. 44		STREET ADDRESS		
CITY-ST-ZIP	GONZALES, LA 70737		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAU, JAMES B		NAME		
STREET ADDRESS	7255 FLOOD REEF		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIGLIENZONE, DIANNE		NAME		
STREET ADDRESS	5039 CHALLENGER WAY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIGLIENZONE, WALTER S		NAME		
STREET ADDRESS	5039 CHALLENGER WAY		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PHILLIP T. KOLBE	
STREET ADDRESS			STREET ADDRESS	2765 IVY DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	EADS TN 38028	
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	JAMES BYINGTON	
STREET ADDRESS			STREET ADDRESS	7702 GREENLAND RD	
CITY-ST-ZIP			CITY-ST-ZIP	FRANKTOWN CO 80116	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-28-05 Daytime Phone #: 901-678-4090					

ATTACHMENT

14006052



## Division of Corporations

## Annual Report

Document Number

760586

Business Entity Name

COMPASS CONDOMINIUM ASSOCIATION, INC.

FEI Number

592389692

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address

14795 PERDIO KEY DR.

Suite, Apt. #, etc.

City, State

PENSACOLA

, FL

Zip Code &amp; Country

32507

US

## Mailing Address

Address

P O BOX 34123

Suite, Apt. #, etc.

City, State

PENSACOLA

, FL

Zip Code &amp; Country

32507

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WALTERS

DEBORAH

-or- RA Business Name

VIGLIENZONE, DIANNE

Address

6200 DON CARLOS DRIVE 5039 CHALLENGER WAY

Suite, Apt. #, etc.

City, State

PENSACOLA

, FL

Zip Code &amp; Country

32507

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

4-26-06

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgery under s.831.06, Florida Statutes.

14006052  
# 760586

## Officer/Director Name And Address

Title PD  
Name (Last, First, Middle, Title) BYINGTON, JAMES, K,  
-or- Entity Name  
Street Address 7702 GREENLAND ROAD  
City, State FRANKTOWN, CO  
Zip Code & Country 80116

Title  
Name (Last, First, Middle, Title) GRAU, JAMES, B,  
-or- Entity Name  
Street Address 7255 FLOOD REEF  
City, State PENSACOLA, FL  
Zip Code & Country 32507

Title S  
Name (Last, First, Middle, Title) VIGLIENZONE, DIANNE,  
-or- Entity Name  
Street Address 5039 CHALLENGER WAY  
City, State PENSACOLA, FL  
Zip Code & Country 32507

Title D  
Name (Last, First, Middle, Title) BRIDGET, BABIN,  
-or- Entity Name  
Street Address 7245 HWY 44  
City, State GONZALES, LA  
Zip Code & Country 70808

Title TR  
Name (Last, First, Middle, Title) KOLBE, PHILLIP,  
-or- Entity Name  
Street Address 2765 IVY DRIVE  
City, State EADS, TN  
Zip Code & Country 38028