

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 760586**

1. Entity Name  
**COMPASS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**14795 PERDIO KEY DR.  
PENSACOLA, FL 32507 US**

Mailing Address  
**P O BOX 34123  
PENSACOLA, FL 32507 US**



04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**GRAU, JAMES B  
7255 FLOOD REEF  
PENSACOLA, FL 32507**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000090-1284  
05/01/08-800006-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	BABIN, BRIDGET K
STREET ADDRESS	7245 HWY. 44
CITY-ST-ZIP	GONZALES, LA 70737
TITLE	D
NAME	GRAU, JAMES B
STREET ADDRESS	7255 FLOOD REEF
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	TD
NAME	KOLBE, PHILLIP
STREET ADDRESS	2765 IVY DR
CITY-ST-ZIP	EADS, TN 38028
TITLE	PD
NAME	BYINGTON, JAMES
STREET ADDRESS	7702 GREENLAND RD
CITY-ST-ZIP	FRANKTOWN, CO 80116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Philip J. Kolbe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-08 901-678-4090