

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90207 047 \*\*\*\*61.25

**DOCUMENT # 760586**

1. Entity Name

**COMPASS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**P O BOX 34123  
PENSACOLA FL 32507  
US**

2. Principal Place of Business

**14795 Perdido Key Dr.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

City & State

**Pensacola, FL**

Zip  
**32507**

Country  
**US**

Zip

Country

4. FEI Number **59-2389692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEUMER, BRENDA  
13880 PERDIDO KEY DR  
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name  
**Grau, James B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7255 Flood Reef**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James B Grau Jr Vice Pres**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-23-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **D** ☐ Delete  
NAME **ZIESKE, ART**  
STREET ADDRESS **20269 LYNDA DRIVE**  
CITY-ST-ZIP **SPRINGFIELD LA 70462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Babin, Bridget K.**  
STREET ADDRESS **7245 Hwy. 44**  
CITY-ST-ZIP **Gonzales, LA 70737**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Grau, James B.**  
STREET ADDRESS **7255 Flood Reef**  
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Viglienzone, Dianne**  
STREET ADDRESS **5039 Challenger Way**  
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **DD** ☒ Change ☐ Addition  
NAME **Crea, Don**  
STREET ADDRESS **14795 Perdido Key Dr. Unit B-1**  
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE **TD** ☐ Change ☐ Addition  
NAME **"Same as to left, only title change"**  
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 like empowered.

SIGNATURE: **Bridget K. BABIN** **28 March 2003 (725) 644-3244**

CR2E037 (10/02)