

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90003 024 \*\*\*\*61.25

**DOCUMENT # N01000007765**

1. Entity Name

**COMPASS POINTE OF INDIAN RIVER HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**2295 COMPASS POINTE DRIVE  
VERO BEACH FL 32966**

Mailing Address

**5976 20TH STREET, BOX 190  
VERO BEACH FL 32966**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/06)

4. FEI Number

**32-0005546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUPUIS, LORRIE A  
2295 COMPASS POINTE DRIVE  
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name **LARSON ROBERT A**  
Street Address (P.O. Box Number is Not Acceptable)  
**5155 WINDHAMMER LN**  
City **VERO BEACH FL** Zip Code **32966**

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

(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  
Due By September 6, 2006**

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 **SEC** ☒ Delete  
NAME **DUPUIS, LORRIE A**  
STREET ADDRESS **2295 COMPASS POINTE DRIVE**  
CITY - ST - ZIP **VERO BEACH FL 32966**

TITLE **PRES** ☒ Delete  
NAME **MINUSE, SUZANNE**  
STREET ADDRESS **5235 COMPASS POINTE CIRCLE**  
CITY - ST - ZIP **VERO BEACH FL 32966**

TITLE **VP** ☒ Delete  
NAME **FERRATO, MICHAEL**  
STREET ADDRESS **5285 COMPASS POINTE CIRCLE**  
CITY - ST - ZIP **VERO BEACH FL 32966**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SEC** ☒ Change ☐ Addition  
NAME **LARSON ROBERT A**  
STREET ADDRESS **5155 WINDHAMMER LN**  
CITY - ST - ZIP **VERO BEACH FL 32966**

TITLE **PRES** ☒ Change ☐ Addition  
NAME **LEBLON, ROBERT S**  
STREET ADDRESS **5150 WINDHAMMER LN**  
CITY - ST - ZIP **VERO BEACH FL 32966**

TITLE **VP** ☒ Change ☐ Addition  
NAME **SONES, DARIN M**  
STREET ADDRESS **5155 WINDHAMMER LN**  
CITY - ST - ZIP **VERO BEACH FL 32966**

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

TITLE ☐ Change ☐ Addition  
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 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:

*[Signature]*

**8/07/2006**