

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 032 ****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**

40005843



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
32-0005546

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LARSON, ROBERT A
5155 WINDSAMMER LN
VERO BEACH, FL 32966**

Name **Charles J. Cannon III**

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

2290 Compass Pointe Drive

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

Charles J. Cannon III

Charles J. Cannon III

1-10-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
NAME **LARSON, ROBERT A**
STREET ADDRESS **5155 WINDSAMMER LN**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **S** ☒ Change ☐ Addition
NAME **Charles J. Cannon III**
STREET ADDRESS **2290 Compass Pointe Dr.**
CITY-ST-ZIP **Vero Beach, FL 32966**

TITLE **P** ☒ Delete
NAME **LEBLEU, ROBERT J**
STREET ADDRESS **5150 WINDSAMMER LN**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **P** ☒ Change ☐ Addition
NAME **James McGuigan**
STREET ADDRESS **5170 Compass Pointe Circle**
CITY-ST-ZIP **Vero Beach, FL 32966**

TITLE **VP** ☒ Delete
NAME **JONES, DARIN M**
STREET ADDRESS **5115 WINDSAMMER LN**
CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE **VP** ☒ Change ☐ Addition
NAME **Cindy Heinz**
STREET ADDRESS **2475 Compass Pointe Dr**
CITY-ST-ZIP **Vero Beach, FL 32966**

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

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 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:

Charles J. Cannon III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Cannon III

Date

Daytime Phone #

7727789458