


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 012 ****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 - No P.O. Box # 2290 Compass Pointe Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach, FL		City & State	
Zip 32966	Country Indian River	Zip	Country

4001364



01262008 Chg-NP CR2E037 (12/06)

4. FEI Number 32-0005546	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CONNOR III, CHARLES J 2290 COMPASS POINTE DRIVE VERO BEACH, FL 32966	
--	--

7. Name and Address of New Registered Agent	
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 	DATE 1-25-08
---	------------------------

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

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 NAME STREET ADDRESS CITY-ST-ZIP	S CANNON III, CHARLES J 2290 COMPASS POINTE CIRCLE VERO BEACH, FL 32966 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGUIGAN, JAMES 5170 COMPASS POINTED CIRCLE VERO BEACH, FL 32966 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEINZ, CINDY 2475 COMPASS POINTE DRIVE VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kristen Houk 5230 Compass Pointe Circle Vero Beach, FL 32966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 1-25-08	DAYTIME PHONE # 772-778-9458
--	------------------------	--