2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N05000007528

Entity Name: COMPASS POINTE VILLAS ON LAKE MIONA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16105 N. FLORIDA #A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16105 N. FLORIDA #A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3822969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVE ATTY
1801 N. HIGHLAND
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: ROBERTS, SHON
Address: 5486 COMPASS POINTE
City-St-Zip: OXFORD, FL 34484

Title: VPD ( ) Delete
Name: IMIOLA, RONALD
Address: 5618 BIRCHWOOD DR
City-St-Zip: LAKE VIEW, NY 14085

Title: PD ( ) Delete
Name: CALDWEL, DONNA
Address: 994 SHELLBARK WAY
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MOIR, FRANCI
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VPD (X) Change ( ) Addition
Name: FRYER, DOROTHY
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD (X) Change ( ) Addition
Name: CALDWELL, DONNA
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CALDWELL PRES 03/08/2009

Electronic Signature of Signing Officer or Director — Date