2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000007528

TI FILED

Nov 12, 2009

Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

 16105 N. FLORIDA #A
 6972 LAKE GLORIA BLVD

 LUTZ, FL 33549
 ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

16105 N. FLORIDA #A 6972 LAKE GLORIA BLVD UTZ, FL 33549 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEZER, STEVE ATTY

1801 N. HIGHLAND

TAMPA, FL 33602 US

LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

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: REBECCA FURLOW 11/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: STD (X) Change () Addition Name: MOIR, FRANCI Name: MOIR, FRANCI

 Name:
 MOIR, FRANCI
 Name:
 MOIR, FRANCI

 Address:
 16105 N. FLORIDA #A
 Address:
 9435 SE 136TH PLACE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 OXFORD, FL 34484

Title: VPD () Delete Title: VPD (X) Change () Addition Name: FRYER, DOROTHY Name: FRYER, JEAN

 Address:
 16105 N. FLORIDA #A
 Address:
 5450 COMPASS POINTE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 OXFORD, FL 34484

Title: PD () Delete Title: PD (X) Change () Addition Name: CALDWELL, DONNA Name: CALDWELL, DONNA

 Name:
 CALDWELL, BONNA
 Name:
 CALDWELL, BONNA

 Address:
 16105 N. FLORIDA #A
 Address:
 5484 COMPASS POINTE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 OXFORD, FL 34484

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: REBECCA FURLOW PRES 11/12/2009