2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED May 16, 2007 DOCUMENT# N06524 Secretary of State

Entity Name: COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.

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

645 COMPASS LAKE DRIVE ALFORD, FL 324209172

Current Mailing Address: New Mailing Address:

645 COMPASS LAKE DRIVE ALFORD, FL 324209172

FEI Number: 59-2487783 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:

BROWN, LINDA HORTON, LENA L 3703 NW TWIN PONDS ROAD 1069 1ST AVE

MARIANNA, FL 32448 GRACEVILLE, FL 32440 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: LENA L HORTON 05/16/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition STEFFEN, MARVIN REAGAN, LEAH Name: Name:

990 PUTNAM AVE Address: 2638 ARPANA CIRCLE Address: City-St-Zip: ALFORD, FL 32420 City-St-Zip: ALFORD, FL 32420

Title: () Delete Title: () Change () Addition

GAFFANEY, JOHN Name: Name: Address: 3630 PINE NEEDLE Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip:

Title: () Delete Title: () Change () Addition

SHULER, DEBORAH Name: Name: Address: 1088 EDISON AVE Address: City-St-Zip: ALFORD, FL 32420 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: HOMRIG, WILLIAM Name: 3108 CORMICK CIRCLE Address: Address: City-St-Zip: ALFORD, FL 32420 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

REAGAN, LEAH KOZAVCHINSKY, MARGARITA Name: Name: 2638 ARPANA CIRCLE CINNAMON Address: Address:

City-St-Zip: ALFORD, FL 32420 City-St-Zip: MARIANNA, FL 32448

Title: () Delete Title: () Change () Addition

HORTON, LENA L Name: Name: Address: 1069 FIRST AVE Address: GRACEVILLE, FL 32440 City-St-Zip: City-St-Zip:

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: LENA L HORTON S 05/16/2007