

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 16, 2008**  
**Secretary of State**

DOCUMENT# N06524

**Entity Name:** COMPASS LAKE IN THE HILLS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**645 COMPASS LAKE DRIVE  
ALFORD, FL 324209172**New Principal Place of Business:****Current Mailing Address:**645 COMPASS LAKE DRIVE  
ALFORD, FL 324209172**New Mailing Address:****FEI Number:** 59-2487783**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HORTON, LENA L  
1069 1ST AVE  
GRACEVILLE, FL 32440 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:** PRES ( ) Delete  
**Name:** REAGAN, LEAH L  
**Address:** 2638 ARPANA CIRCLE  
**City-St-Zip:** ALFORD, FL 32420**Title:** V P ( ) Delete  
**Name:** HOMRIG, WILLIAM  
**Address:** 3108 ARPANA CIRCLE  
**City-St-Zip:** ALFORD, FL 32420**Title:** D ( ) Delete  
**Name:** WILLARD, MOSELEY  
**Address:** P.O. BOX 1  
**City-St-Zip:** YOUNGSTOWN, FL 32466**Title:** D ( ) Delete  
**Name:** GABRIEL, DONALD  
**Address:** 1130 DONELSON CIRCLE  
**City-St-Zip:** ALFORD, FL 32420**Title:** D ( ) Delete  
**Name:** KOZAVCHINSKY, MARGARITA  
**Address:** 1940 NE 186 DR  
**City-St-Zip:** N MIAMI BEACH, FL 33175**Title:** S ( ) Delete  
**Name:** HORTON, LENA L  
**Address:** 1069 FIRST AVE  
**City-St-Zip:** GRACEVILLE, FL 32440**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** GIBBS, JAMES A  
**Address:** 2633 INDIAN SPRINGS ROAD  
**City-St-Zip:** MARIANNA, FL 32446**Title:** V P (X) Change ( ) Addition  
**Name:** CAPOTE, JOSE  
**Address:** 3861 SW 143RD AVE  
**City-St-Zip:** MIAMI, FL 33175**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** TRES (X) Change ( ) Addition  
**Name:** GABRIEL, DONALD  
**Address:** 1130 DONELSON CIRCLE  
**City-St-Zip:** ALFORD, FL 32420**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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

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06/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date