

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06524

FILED
Apr 27, 2009
Secretary of State

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: GIBBS, JAMES A
Address: 2633 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: V P () Delete
Name: CAPOTE, JOSE
Address: 3861 SW 143RD AVE
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: WILLARD, MOSELEY
Address: P.O. BOX 1
City-St-Zip: YOUNGSTOWN, FL 32466

Title: TRES () 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSELEY, WILLARD
Address: P.O. BOX 1
City-St-Zip: YOUNGSTOWN, FL 32466

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POPE, C K
Address: 3304 NORTEK BLVD
City-St-Zip: MARIANNA, FL 32448

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 LOUISE HORTON

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date