

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002122

FILED
Feb 06, 2009
Secretary of State

Entity Name: COMPASS LAKE ASSOCIATION INC.

Current Principal Place of Business:

427 LAKEPOINT RD
ALFORD, FL 32420

New Principal Place of Business:

Current Mailing Address:

427 LAKEPOINT RD
ALFORD, FL 32420

New Mailing Address:

FEI Number: 59-3777797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZE, RONALD
345 CITY SQUARE RD
ALFORD, FL 32420 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: P () Delete
Name: GLAZE, RONALD
Address: 345 CITY SQUARE RD
City-St-Zip: ALFORD, FL 32420

Title: V () Delete
Name: DUELL, RON
Address: 323 COMPASS LAKE DRIVE
City-St-Zip: ALFORD, FL 32420

Title: ST () Delete
Name: SEAY, JUANITA
Address: 354 LAKEPOINT RD
City-St-Zip: ALFORD, FL 32420

Title: D () Delete
Name: CUTCHEN, DAVID
Address: 2489 KINFOLK DRIVE
City-St-Zip: ALFORD, FL 32420

Title: D () Delete
Name: ROGERS, STEVE
Address: 450 LAKEPOINT RD
City-St-Zip: ALFORD, FL 32420

Title: D () Delete
Name: CODERINGTON, BRUCE
Address: 566 LOOKOUT LANE
City-St-Zip: ALFORD, FL 32420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: DOBBS, GARY DR.
Address: 207 SOUTH MAIN STREET
City-St-Zip: ENTERPRISE, AL 36331

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: JUANITA SEAY

ST

02/06/2009

Electronic Signature of Signing Officer or Director

Date