

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002122

FILED
Jan 09, 2012
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
Name: GLAZE, RONALD
Address: 345 CITY SQUARE RD
City-St-Zip: ALFORD, FL 32420

Title: V
Name: DOBBS, GARY DR.
Address: 207 SOUTH MAIN STREET
City-St-Zip: ENTERPRISE, AL 36331

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

Title: D
Name: WATTS, JIM
Address: P. O. BOX 959
City-St-Zip: MARIANNA, FL 32447

Title: D
Name: SPENCE, WALTER
Address: 2774 INDIAN SPRINGS ROAD
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: HICKS, TOM
Address: 2632 LAKEVIEW CIRCLE
City-St-Zip: ALFORD, FL 32420

I hereby 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 all other like empowered.

SIGNATURE: JUANITA SEAY

ST

01/09/2012

Electronic Signature of Signing Officer or Director

Date