

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007492

FILED
Mar 16, 2009
Secretary of State

Entity Name: COMPASS POINT AT WATERSOUND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1414 COUNTY HIGHWAY 283 SOUTH SUITE B
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1414 COUNTY HIGHWAY 283 SOUTH SUITE B
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A
SUNLAP TOOLE SHIPMAN & WHITNEY PA
1414 COUNTY HIGHWAY 283 SOUTH SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
DUNLAP & SHIPMAN, P.A.
1414 COUNTY HIGHWAY 283 SOUTH SUITE B
SANTA ROSA BEACH, FL 32459 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: _____

Electronic Signature of Registered Agent

03/16/2009

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DANYSH, DON
Address: 6652 E. COUNTY HWY, 30-A, STE 210
City-St-Zip: WATERSOUND, FL 32413

Title: DV () Delete
Name: CLEGHORN, MELLE
Address: 6652 E. COUNTY HWY, 30-A, STE. 210
City-St-Zip: WATERSOUND, FL 32413

Title: DT () Delete
Name: MATTESON, SANDRA
Address: 6652 E. COUNTY HWY, 30-A, STE. 210
City-St-Zip: WATERSOUND, FL 32413

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:

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date