2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000298

1. Entity Name

COMPASS POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

700 N. WICKHAM ROAD MELBOURNE FL 32935 700 N. WICKHAM ROAD MELBOURNE FL 32935-8856

Zip Country Zip Country 5. Certificate of Status Delired Status Delired Status Delired See Required. 6. Name and Address of Current Registered Agent Name STITIZEL, ROBERT E SR. 700 N. WICKHAM ROAD MELBOURNE FL 32935 6. 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 FILE NOW: FEE IS \$61.25 FILE NOW: 9. Election Campaign Financing Stored Agent signature required when retreations) Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STITIZEL, ROBERT E SR. 700 N. WICKHAM ROAD STREET ADDRESS ORTY-ST-2P MELBOURNE FL 32935 TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE STD DELETER, DALE A STREET ADDRESS CITY-ST-2P MELBOURNE FL 32935 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P MELBOURNE FL 32901 TITLE NAME STREET ADDRESS CITY-ST-2P MELBOURNE FL 32901						9; 0 11 10 10 11 12 12 13 14 15 15 15 15 15 15 15	1014 2246 11919 19		
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FILED

Jan 20, 2000 8:00 am Secretary of State

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO