

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007492

**Entity Name:** COMPASS POINT AT WATERSOUND OWNERS ASSOCIATION, INC.**FILED**  
**Mar 13, 2023**  
**Secretary of State**  
**1299707521CC****Current Principal Place of Business:**6652 E. CTY. HWY. 30-A  
WATERSOUND BEACH, FL 32461**Current Mailing Address:**215 GRAND BOULEVARD  
SUITE 200  
MIRAMAR BEACH, FL 32550**FEI Number: 26-1716469****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DUNLAP & SHIPMAN, P.A.  
2063 S. CTY. HWY. 395  
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: DAVID H. MILAM****03/13/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MCCALMONT, WILLIAM
Address	6652 E. CTY. HWY. 30-A
City-State-Zip:	WATERSOUND BEACH FL 32461

Title	VP, TREASURER
Name	PETERS, STEVEN D III
Address	6652 E. CTY. HWY. 30-A
City-State-Zip:	WATERSOUND BEACH FL 32461

Title	SECRETARY
Name	TAYLOR, BRUCE
Address	6652 E. CTY. HWY. 30-A
City-State-Zip:	WATERSOUND BEACH FL 32461

Title	DIRECTOR
Name	STIGERS, THOMAS
Address	6652 E. CTY. HWY. 30-A
City-State-Zip:	WATERSOUND BEACH FL 32461

Title	DIRECTOR
Name	EATHERLY, ROBERT
Address	6652 E. CTY. HWY. 30-A
City-State-Zip:	WATERSOUND BEACH FL 32461

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: WILLIAM MCCALMONT****PRES****03/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date