2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759862

FILED Apr 19, 2007 Secretary of State

Entity Name: CASSINE GARDEN TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5311 E COUNTY HWY 30A 5311 E COUNTY HWY 30A SANTA ROSA BEACH, FL 32459 US STE 5 SANTA ROSA BEACH, FL 32459 US **Current Mailing Address: New Mailing Address:** 5311 E COUNTY HWY 30-A STE 5 SANTA ROSA BEACH, FL 32459 US FEI Number: 59-2304975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRITCHETT, WALTER PRITCHETT, WALTER 5311 E CO. HWY. 30A 5311 E CO. HWY. 30A SANTA ROSA BEACH, FL 32459 US STE 5 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: 04/19/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FARABEE, RAY Name: Name: 411 SHALLOW CREEK ROAD Address: Address: City-St-Zip: TUSCALOOSA, AL 35406 City-St-Zip: Title: DST Title: DV () Delete (X) Change () Addition NEWSOME, ALAN Name: SMITH, LARRY Name: Address: 216 MYRTLE DRIVE Address: 383 MEADOWRUE LANE City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: BATAVIA, MI 60510 Title: () Delete Title: () Change () Addition REED, ROGER Name: Name: Address: 7838 NEWMAN STREET Address: City-St-Zip: ARVADA, CO 80005 City-St-Zip: Title: DP () Delete Title: () Change () Addition Name: HUSEMAN, RON Name: 52044 FARMINGTON SQ. DR. Address: Address: City-St-Zip: GRANGER, IN 48530 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition WOLFE, DICK CNUDDE, TED Name: Name: 3142 ROBINSON POINT RD Address: Address: 221 S MAIN STREET City-St-Zip: MILTON, FL 32583 City-St-Zip: CHEBOYGAN, MI 49721

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER R PRITCHETT MGR 04/19/2007