2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 759862

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

Current Principal Place of Business:

5311 E COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

5311 E COUNTY HWY 30A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2304975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ.
5399 E. CTY. HWY. C30-A
UNIT 8
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A ESQ.
1414 COUNTY HWY 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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARABEE, RAY
Address: 411 SHALLOW CREEK ROAD
City-St-Zip: TUSCALOOSA, AL 35406

Title: DV ( ) Delete
Name: SMITH, LARRY
Address: 383 MEADOWRUE LANE
City-St-Zip: BATAVIA, MI 60510

Title: D ( ) Delete
Name: REED, ROGER
Address: 7838 NEWMAN STREET
City-St-Zip: ARVADA, CO 80005

Title: DP ( ) Delete
Name: HUSEMAN, RON
Address: 52044 FARMINGTON SQ. DR.
City-St-Zip: GRANGER, IN 48530

Title: D ( ) Delete
Name: CNUDDE, TED
Address: 221 S MAIN STREET
City-St-Zip: CHEBOYGAN, MI 49721

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:

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: WALTER R PRITCHETT MGR 04/28/2008
Electronic Signature of Signing Officer or Director — Date