

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002658

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CASSINE STATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE  
7 TOWN CENTER LOOP C-16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

THE ASSOCIATION OFFICE  
P.O. BOX 1247  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-0325077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

IRWIN, JIM  
7 TOWN CENTER LOOP  
SUITE C16  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARR, J. HOWARD  
Address: 108 DREW CT  
City-St-Zip: NICEVILLE, FL 32578

Title: VPD ( ) Delete  
Name: CARR, LINDA A  
Address: 229 YACHT CLUB DR  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: STD ( ) Delete  
Name: BUCKLEY, DANIEL M  
Address: 3535 SPRING HILL AVE  
City-St-Zip: MOBILE, AL 36608

Title: MD ( ) Delete  
Name: IRWIN, JAMES  
Address: 7 TOWN CENTER LOOP C-16  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**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:

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: J. HOWARD CARR

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date