2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N24429

Entity Name: LAKE CASSIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7939 BERNARD ST
C/O DAVID HIBBARD
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

7939 BERNARD ST
C/O DAVID HIBBARD
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3067176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIBBARD, DAVID A
7939 BERNARD ST
TALLAHASSEE, FL 32317 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: P ( ) Delete
Name: HIBBARD, DAVID A
Address: 7939 BERNARD ST
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP ( ) Delete
Name: WHITE, JOHNNY
Address: 1784 BENADO LOMAS
City-St-Zip: TALLAHASSEE, FL 32317

Title: S (X) Delete
Name: WILCOX, KELLIE
Address: 7979 BERNARD ST
City-St-Zip: TALLAHASSEE, FL 32317

Title: T ( ) Delete
Name: RODDENBERRY, LEE
Address: 1793 BENADO LOMAS
City-St-Zip: TALLAHASSEE, FL 32317

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 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: DAVID A. HIBBARD PRES 04/13/2007

Electronic Signature of Signing Officer or Director — Date