

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32449

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** CASSEEKEY COVE TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

5685 HWY US 1  
GRANT, FL 32949

**New Principal Place of Business:**

**Current Mailing Address:**

521-101 VIA VERONA LANE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

7704 COLONY LAKE DRIVE  
BOYNTON BEACH, FL 33436

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ANDERSON, THOMAS J  
521 101 VIA VERONA LANE  
ALTAMONTE SPRINGS, FL 32714 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: ANDERSON, THOMAS J  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD ( ) Delete  
Name: ANDERSON, ROSEMARY P  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: ANDERSON, H. G  
Address: PO BOX 125  
City-St-Zip: GRANT, FL 32949

Title: TD ( ) Delete  
Name: REYNOLDS, JEAN D  
Address: 7704 COLONY LAKE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: SAYRS, DONNA  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JEAN D REYNOLDS

TD

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date