2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2007
Secretary of State

DOCUMENT# N32449

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:

7704 COLONY LAKE DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

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: SAYRS, DONNA
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: 5683 S US HIGHWAY 1
City-St-Zip: GRANT, FL 32949

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 REYNOLDS TD 03/03/2007
Electronic Signature of Signing Officer or Director — Date