2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

DOCUMENT# N45222

Entity Name: CASSINE VILLAGE OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3129517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIPMAN, GARY A
1414 C HWY 283 S SUITE B
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: TD
Name: BUTELA, RICHARD
Address: 292 CASSINE GARDEN CIR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D
Name: VINES, KEN
Address: 36 DUNE ROSEMARY COURT
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD
Name: INGER, STEVE
Address: 2028 STILLWOOD CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: LAUER, RAYMOND
Address: 912 SUMMIT PARK TRAIL
City-St-Zip: MCDONOUGH, GA 30253

Title: SD
Name: SCHROEDER, MARK
Address: S73 WEST 25180 HIGH RIDGE DR
City-St-Zip: WAUKESHA, WI 53189

I hereby 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 all other like empowered.

SIGNATURE: STEVE INGER P 04/26/2010

Electronic Signature of Signing Officer or Director Date