FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45464

1. Corporation Name
CASSINE GARDEN COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Cassine Garden Community Assn Cassine Gardens Seagrove Beach, FL 32459	Cassine Garden Community Assn Cassine Gardens Seagrove Beach, FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1991
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-3129519 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

Carr, J.Howard
Route 2, Box 4800
Seagrove Beach, FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D Duffy, Martin W. 184 Cypress St., Santa Rosa Bch, FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P/D ☒ Change ☐ Addition James, Robert A. 84 Cassine Way Santa Rosa Beach, FL 32459
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/D Horne, J.W.C., Jr. 20 Cassine Garden Circle Santa Rosa Beach, FL 32459	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	VP/D ☒ Change ☐ Addition Smith, Larry 383 Meadowrue Lane ~~IL 60510~~ BATAVIA, IL 60510
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S/T/D Brown, B.J. 818 Second Street De Funiak Springs, FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	S/T/D ☒ Change ☐ Addition Belcher, Ed 37 N. Myrtle Dr. Santa Rosa Beach, FL 32459
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition P00000147654? -05/04/95--01131--013 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Pres/Dir. 5/23/95 904-231-2834
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #