

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45464 (7)
1. Corporation Name
CASSINE GARDEN COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **CASSINE GARDEN COMMUNITY ASSN
CASSINE GARDENS
SEAGROVE BEACH FL 32459**
Mailing Address: **CASSINE GARDEN COMMUNITY ASSN
CASSINE GARDENS
SEAGROVE BEACH FL 32459**

3. Date Incorporated or Qualified: **10/04/1991**
3a. Date of Last Report: **05/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE: PD	NAME: JAMES, ROBERT A	11 TITLE:	11 NAME: President
STREET ADDRESS: 84 CASSINE WAY	CITY-ST-ZIP: SANTA ROSA BCH FL	12 NAME:	12 STREET ADDRESS: 4141 Hwy C-30A
TITLE: VPD	NAME: SMITH, LARRY	13 STREET ADDRESS:	14 CITY-ST-ZIP: Santa Rosa Beach, FL 32459
STREET ADDRESS: 383 MEADOWRUE LANE	CITY-ST-ZIP: BATAVIA IL	21 TITLE:	22 NAME:
TITLE: STD	NAME: BELCHER, ED	23 STREET ADDRESS:	24 CITY-ST-ZIP:
STREET ADDRESS: 37 N MYRTLE DR	CITY-ST-ZIP: SANTA ROSA BEACH FL	25 CITY-ST-ZIP:	31 TITLE:
TITLE:	NAME:	32 NAME:	33 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	34 CITY-ST-ZIP:	41 TITLE:
TITLE:	NAME:	42 NAME:	43 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	44 CITY-ST-ZIP:	51 TITLE:
TITLE:	NAME:	52 NAME:	53 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	54 CITY-ST-ZIP:	61 TITLE:
TITLE:	NAME:	62 NAME:	63 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	64 CITY-ST-ZIP:	100001877751

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)(k), 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 this 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: **Ed Belcher / ED BELCHER** 4-30-96 904-231-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)