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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/04/1991	3a. Date of Last Report 06/26/1996
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2. Principal Place of Business 21 37 N. MYRTLE DR. Suite, Apt. #, etc. 22 104 City & State 23 SEAGROVE BEACH, FL Zip 24 32459	2a. Mailing Address 25 P.O. Box 9010-302 Suite, Apt. #, etc. 27 City & State 28 SEAGROVE BEACH, FL Zip 29 32459	Country 26 WALTON Country 30 WALTON
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4. FEI Number 59-3129519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **DUFFY MARTIN**
82 Street Address (P.O. Box Number is Not Acceptable)
14 CYPRESS ST, 184
83
84 City **SANTA ROSA BEACH, FL** 85 Zip Code **32459**

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 *Martin Duffy* **MARTIN DUFFY P/O** **4/30/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARR, HOWARD J	
STREET ADDRESS	4141 HWY C-30A	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LARRY	
STREET ADDRESS	383 MEADOWRUE LANE	
CITY-ST-ZIP	BATAVIA IL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BELCHER, ED	
STREET ADDRESS	37 N MYRTLE DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DUFFY, MARTIN	
1.3 STREET ADDRESS	14 CYPRESS ST, 184	
1.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURTON, RICK	
4.3 STREET ADDRESS	303 PALACE DR.	
4.4 CITY-ST-ZIP	TRUSSEVILLE, AL 35173	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Ed Belcher* **ED BELCHER** **4/30/97** **904-231-1626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077564

CR2E037 (9/96)