

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90178 012 ****61.25

DOCUMENT # N45464

1. Corporation Name

CASSINE GARDEN COMMUNITY ASSOCIATION, INC.

Principal Place of Business

37 NORTH MYRTLE DRIVE
SEAGROVE BEACH FL 32459
US

Mailing Address

77 N MYRTLE DRIVE
SEAGROVE BEACH FL 32459
US

521194 - 90178 - 12 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

104

22 City & State

23 Zip

Country

Walton

2a. Mailing Address

26 Suite, Apt. #, etc.

888

27 City & State

28 Zip

Country

Walton

3. Date Incorporated or Qualified

10/04/1991

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

9. Name and Address of Current Registered Agent

DUFFY, MARTIN
14 CYPRESS ST
184
SANTA ROSA 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DUFFY, MARTIN
STREET ADDRESS 14 CYPRESS ST 184
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE VD ☐ DELETE

NAME BURTON, RICK
STREET ADDRESS 303 PALACE DR
CITY-ST-ZIP TRUSSEVILLE AL 35173

TITLE STD ☒ DELETE

NAME OWEN, JOHN
STREET ADDRESS 836 HULL AVENUE
CITY-ST-ZIP LEWISBURG TN 37901

TITLE D ☐ DELETE

NAME BURCH, BOB J
STREET ADDRESS 358 CASSINE GARDEN CIRCLE
CITY-ST-ZIP SANTA ROSA FL 32459

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Carr, J. Howard
1.3 STREET ADDRESS 108 Drew St
1.4 CITY-ST-ZIP Niceville, FL 32578

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Farabee, Ray
2.3 STREET ADDRESS 411 Shallow Creek Rd.
2.4 CITY-ST-ZIP Tuscaloosa, AL 35406

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Duffy 4/29/99 850-231-1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)