

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N45464

1. Entity Name

CASSINE GARDEN COMMUNITY ASSOCIATION, INC.

FILED

00 MAY -9 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

77 NORTH MYRTLE DR

#888

SEAGROVE BEACH FL 32459

US

Mailing Address

77 N MYRTLE DRIVE

#888

SEAGROVE BEACH FL 32459-6441

32459-6441 US

2. Principal Place of Business

77 NORTH MYRTLE DR.

Suite, Apt. #, etc.

#888

City & State

SEAGROVE BEACH FL. 32459

Zip

32459

Country

USA

3. Mailing Address

77 NORTH MYRTLE DR.

Suite, Apt. #, etc.

#888

City & State

SEAGROVE BEACH FL.

Zip

32459

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3129519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFY, MARTIN

14 CYPRESS ST

184

SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

PAUL E. HOLLENBECK

Street Address (P.O. Box Number is Not Acceptable)

51 CYPRESS ST UNIT 276

City

SANTA ROSA BEACH FL

Zip Code

32459

8. 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

PAUL E. HOLLENBECK

PRESIDENT Paul E. Hollenbeck

4/21/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DUFFY, MARTIN | |
| STREET ADDRESS | 14 CYPRESS ST 184 | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | BURTON, RICK | |
| STREET ADDRESS | 303 PALANCE DR | |
| CITY-ST-ZIP | TRUSSEVILLE AL 35173 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BURCH, BOB J | |
| STREET ADDRESS | 358 CASSINE GARDEN CIR | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CARR, HOWARD J | |
| STREET ADDRESS | 108 DREW ST | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FARABEE, RAY | |
| STREET ADDRESS | 411 SHALLOW CREEK RD | |
| CITY-ST-ZIP | TUSCALOOSA AL 35406 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAUL E. HOLLENBECK PAUL E. | |
| STREET ADDRESS | 51 CYPRESS ST 276 | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL. 32459 | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURTON, RICK | |
| STREET ADDRESS | 303 PALANCE DR. | |
| CITY-ST-ZIP | TRUSSEVILLE, AL 35173 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURCH BOB J | |
| STREET ADDRESS | 358 CASSINE GARDEN CIR. | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL. 32459 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR HOWARD J | |
| STREET ADDRESS | 108 DREW ST. | |
| CITY-ST-ZIP | NICEVILLE, FL. 32578 | |
| TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARABEE RAY | |
| STREET ADDRESS | 411 SHALLOW CREEK RD. | |
| CITY-ST-ZIP | TUSCALOOSA AL 35406 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E. Hollenbeck PAUL E. HOLLENBECK 4/21/00 (850)-231-1755

CR2E037 (9/99)