

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 03, 2009**  
**Secretary of State**

DOCUMENT# N97000002760

**Entity Name:** CASSIA COMMUNITY CLUB, INC.**Current Principal Place of Business:**29245 EAST STATE ROAD 44  
EUSTIS, FL 327369552**New Principal Place of Business:****Current Mailing Address:**29245 EAST STATE ROAD 44  
EUSTIS, FL 327369552**New Mailing Address:****FEI Number:** 59-3497561**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TRAPP, JAMES A  
3615 ROYAL FERN CIRCLE  
DELAND, FL 32724 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VP ( ) Delete  
**Name:** MUSSELMAN, PATRICIA  
**Address:** 29215 EAST STATE ROAD 44  
**City-St-Zip:** EUSTIS, FL 32736**Title:** SEC ( ) Delete  
**Name:** CODDING, ANNETTE  
**Address:** 30242 EAST STATE RD. 44  
**City-St-Zip:** EUSTIS, FL 32736**Title:** T ( ) Delete  
**Name:** MARTHA, WHITLEY  
**Address:** 41700 POINCIANA STREET  
**City-St-Zip:** EUSTIS, FL 32736**Title:** D ( ) Delete  
**Name:** ROYAL, LONNIE E  
**Address:** 32106 3RD AVENUE  
**City-St-Zip:** SORRENTO, FL 32776**Title:** D ( ) Delete  
**Name:** CATHY, TRAPP  
**Address:** 41722 POINCIANA STREET  
**City-St-Zip:** EUSTIS, FL 32736**Title:** D ( ) Delete  
**Name:** HALES, HUSTON  
**Address:** 244 RUE DE FONTAINE  
**City-St-Zip:** TAVARES, FL 32778**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** JIM, CARLSON  
**Address:** 29246 EAST STATE ROAD 44  
**City-St-Zip:** EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA WHITLEY

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12/03/2009

Electronic Signature of Signing Officer or Director

Date