

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 738330 (0)**  
1. Corporation Name  
**CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.**

95 MAY -1 PM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**1590 NW 19TH CIR. GAINESVILLE FL 32605**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1977** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-1883157** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WALTER W. FULLER, BOARD PRESIDENT  
1624 NORTHWEST 19TH CIRCLE  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent  
81 Name **Madelyn L. Lockhart**  
82 Street Address (P.O. Box Number is Not Acceptable) **1677 N. W. 19th Circle**  
83  
84 City **Gainesville FL** 85 Zip Code **32605**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Madelyn Lockhart* **Madelyn L. Lockhart, President** 4-25-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>FULLER, WALTER W.</b>
STREET ADDRESS	<b>1624 NW 19TH CIRCLE</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>FROSCHER, NORMAN T</b>
STREET ADDRESS	<b>1672 NW 19TH CIR</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>LOCKHART, FRAZER W.</b>
STREET ADDRESS	<b>1642 NW 19 CR.</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>RICHARDSON, JOE Y</b>
STREET ADDRESS	<b>1614 NW 19TH CIR</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>TSCHRHART, JOHN</b>
STREET ADDRESS	<b>1600 NW 19TH CIRCLE</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 32605</b>
TITLE	<b>SD</b>
NAME	<b>MAWS, JAMES E</b>
STREET ADDRESS	<b>1598 NW 19TH CIR</b>
CITY - ST - ZIP	<b>GAINESVILLE, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Madelyn L. Lockhart</b>
1.3 STREET ADDRESS	<b>1677 N. W. 19th Circle</b>
1.4 CITY - ST - ZIP	<b>Gainesville FL 32605</b>
2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Norman N. Holland</b>
2.3 STREET ADDRESS	<b>1607 N. W. 19th Circle</b>
2.4 CITY - ST - ZIP	<b>Gainesville FL 32605</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<b>Zip 32605</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>Zip 32605</b>
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	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Christine Randall</b>
6.3 STREET ADDRESS	<b>1617 N. W. 19th Circle</b>
6.4 CITY - ST - ZIP	<b>Gainesville FL 32605</b>

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joe Y. Richardson* **Joe Y. Richardson, Treas. & Dir.** 4/25/95 (904) 376-4434  
Signature, typed or printed name of signing officer or director Date (Type in Treas & Dir)

738330

State of Florida

CORPORATION ANNUAL REPORT, 1995  
Cumberland Circle Community Association, Inc.

Additional Directors, not space for on report document:

D  
Maureen M. Goodenow  
1641 N. W. 19th Circle  
Gainesville FL 32605

D  
William M. Alexander  
1625 N. W. 19th Circle  
Gainesville FL 32605