

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

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



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

3. Date incorporated or Qualified 03/08/1977  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-1883157  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent  
LOCKHART, MADELYN L.  
1677 NW 19TH CIRCLE  
GAINESVILLE FL 32605  
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 not applicable) (NOTE: Registered Agent signature required with all registrations) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOCKHART, MADELYN L. 1677 NW 19TH CIR GAINESVILLE, FL 00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD HOLLAND, NORMAN N. 1607 NW 19 CIR GAINESVILLE, FL 00000	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	000001761060 -03/28/96--01054--010 ***61.25
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LOCKHART, FRAZER W. 1642 NW 19 CR. GAINESVILLE, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD RICHARDSON, JOE Y 1614 NW 19TH CIR GAINESVILLE, FL 00000	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Marcelo Canelas
STREET ADDRESS		4.3 STREET ADDRESS	1622 NW 19th Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, FL 32605-4028
TITLE	D TSCHIRHART, JOHN 1600 NW 19TH CIRCLE GAINESVILLE, FL 32605	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Dixie K. Campen
STREET ADDRESS		5.3 STREET ADDRESS	1630 NW 19th Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Gainesville, FL 32605-4028
TITLE	VD RANDALL, CHRISTINE 1617 NW 19TH CIR GAINESVILLE, FL 00000	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Brenda V. Jones
STREET ADDRESS		6.3 STREET ADDRESS	1659 NW 19th Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Gainesville, FL 32605-4028

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcelo Canelas*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR  
MARCELO CANELAS TREASURER  
3/25/96 352/377-5716  
Daytime Phone #

CR2E037 (12/95)

3-27-96