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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 1590 NW 19TH CIR. GAINESVILLE FL 32605
Mailing Address: 1590 NW 19TH CIR. GAINESVILLE FL 32605-4028

3. Date Incorporated or Qualified: 03/08/1977
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business: 21 2830 NW 41st St. Suite F, Gainesville, FL 32606
2a. Mailing Address: 26 P.O. Box 147050-30, Gainesville, FL 32614-7050
22. City & State: Gainesville, FL
23. City & State: Gainesville, FL
24. Zip: 32606, Country: [blank]
25. Zip: 32614-7050, Country: [blank]

4. FEI Number: 59-1883157
Applied For: [blank] / 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

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: Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable): 2830 NW 41st St.
83 Suite F
84 City: Gainesville, FL 85 Zip Code: 32606

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: *Beverly K. Campen* (NOTE: Registered Agent signature required when reinstating) DATE: 4-30-97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKHART, MADELYN L.	
STREET ADDRESS	1677 NW 19TH CIR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOLLAND, NORMAN N.	
STREET ADDRESS	1607 NW 19 CIR	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOCKHART, FRAZER W.	
STREET ADDRESS	1642 NW 19 CR.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CANELAS, MARCELO	
STREET ADDRESS	1622 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32605-4028	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAMPEN, DIXIE K	
STREET ADDRESS	1630 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32605-4028	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, BRENDA V	
STREET ADDRESS	1659 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL 32605-4028	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Bill Howard		
1.3 STREET ADDRESS	1592 NW 19th Circle		
1.4 CITY-ST-ZIP	32605		
2.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Barbara Gallant		
2.3 STREET ADDRESS	1620 NW 19th Circle		
2.4 CITY-ST-ZIP	32605		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Dixie K. Campen* SIGNATURE REQUIRED: *Dixie K. Campen* 4/14/97 352-374-8070
DATE: 4/14/97 DAYTIME PHONE: 352-374-8070

CR2E037 (9/96)