


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90028 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 738330</b> 1. Corporation Name <b>CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.</b>		
Principal Place of Business 2930 N.W. 41ST ST. STE. F GAINESVILLE FL 32606 US	Mailing Address P.O. BOX 147050-30 GAINESVILLE FL 32614-7050 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 03/08/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1883157
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, BEVERLY K 2830 N.W. 41ST ST. STE. F GAINESVILLE FL 32606				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, BILL	1.2 NAME	
STREET ADDRESS	1592 NW 19TH CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32605	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLANT, BARBARA	2.2 NAME	
STREET ADDRESS	1620 NW 19TH CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000 32605	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, GEORGE	3.2 NAME	
STREET ADDRESS	1610 NW 19TH CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANELAS, MARCELO	4.2 NAME	
STREET ADDRESS	1622 NW 19TH CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605-4028	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, JANE	5.2 NAME	
STREET ADDRESS	1607 NW 19TH CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DON	6.2 NAME	
STREET ADDRESS	1638 NW 19TH CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: GEORGE AIRBASS *George Bass* 3523734284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)