

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738330

FILED  
Feb 22, 2006  
Secretary of State

**Entity Name:** CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 NW 19TH CIRCLE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1 PL  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number:** 59-1883157      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAUSAMAN, JEFFREY D  
C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1 PL  
GAINESVILLE, FL 32607 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: PD ( ) Delete  
Name: LOCKHART, MADELYN  
Address: 1677 NW 19 CIR  
City-St-Zip: GAINESVILLE, FL 32605

Title: VD ( ) Delete  
Name: CARR, MIMI  
Address: 1673 NW 19 CIR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: SKODA-SMITH, JEFF  
Address: 1675 NW 19 CIR  
City-St-Zip: GAINESVILLE, FL 32605

Title: TD ( ) Delete  
Name: CANELAS, MARCELO  
Address: 1622 NW 19TH CIRCLE  
City-St-Zip: GAINESVILLE, FL 326054028

Title: SD ( ) Delete  
Name: HOLLAND, JANE  
Address: 1607 NW 19TH CIR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: DECAINTIS, LOU  
Address: 1606 NW 19 CIR  
City-St-Zip: GAINESVILLE, FL 32605

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MADELYN LOCKHART

P

02/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date