

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738330

FILED
Mar 17, 2008
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: DUFFIELD, KEN
Address: 1603 NW 19 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: MOSLEY, BOB
Address: 1615 NW 19 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: CANON, KATHERINE
Address: 1649 NW 19 CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: SUMMERLIN, MARY ANNE
Address: 1605 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 326054028

Title: D () Delete
Name: HAMILTON, JOHN
Address: 1641 NW 19TH CIR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: ELLIS, PATRICIA
Address: 1676 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: D (X) Change () Addition
Name: BOSTICK, RHESA
Address: 1594 NW 19 CIR
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify 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: KEN DUFFIELD

Electronic Signature of Signing Officer or Director

P

03/17/2008

Date