

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90268 017 ****61.25

DOCUMENT # 738330



1. Entity Name
CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business
**C/O ACTION REALTY
6110-B NW 1 PL
GAINESVILLE FL 32607
US**

Mailing Address
**C/O ACTION REALTY
6110-B NW 1 PL
GAINESVILLE FL 32607
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1883157		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUSAMAN, JEFFREY D
C/O ACTION REALTY
6110-B NW 1 PL
GAINESVILLE FL 32607**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCKHART, MADELYN		NAME		
STREET ADDRESS	1677 NW 19 CIR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, MIMI		NAME		
STREET ADDRESS	1673 NW 19 CIR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINLEY, PAUL		NAME		
STREET ADDRESS	1659 NW 19 CIR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANELAS, MARCELO		NAME		
STREET ADDRESS	1622 NW 19TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605-4028		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLAND, JANE		NAME		
STREET ADDRESS	1607 NW 19TH CIR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTOSH, ROBINS		NAME		
STREET ADDRESS	1635 NW 19 CIR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Madelyn M. Lockhart* **MADLYN M. LOCKHART 3/26/03 352 3311133**

CR2E037 (10/02)