



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90167 030 \*\*\*\*61.25

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # N03000006218</b>   |  |                                    |   |
| 1. Entity Name<br><b>CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>3527 PALM HARBOR BLVD<br/>PALM HARBOR, FL 34683</b>  |  | Mailing Address<br><b>3527 PALM HARBOR BLVD<br/>PALM HARBOR, FL 34683</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>8046 ULMERTON RD.</b>   |  | 3. Mailing Address<br><b>76 STERLING MART</b>   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br><b>2870 SCHAEEL DR.</b>  |   |
| City & State<br><b>LARGO FL.</b>   |  | City & State<br><b>ST. PETERSBURG FL.</b>   |   |
| Zip<br><b>33771</b>  | Country<br><b>PINELLAS</b>   | Zip<br><b>33716</b>   | Country<br><b>PINELLAS</b>  |
| 6. Name and Address of Current Registered Agent<br><b>MELROSE MANAGEMENT GROUP<br/>3527 PALM HARBOR BLVD<br/>PALM HARBOR, FL 34683</b>   |  | 4. FEI Number<br><b>56-2397405</b>  |   |
|  |  | Applied For<br>Not Applicable   |   |
|  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |   |
| 7. Name and Address of New Registered Agent  |  | 04092007 Chg-NP CR2E037 (12/06)   |   |
|  |  | Name<br><b>JOSEPH R. CIAUFRANE P.A.</b>   |   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>1964 BAYSHIRE BLVD.</b>                                    |   |
|  |  | City<br><b>DUNEDIN</b>  |   |
|  |  | FL Zip Code<br><b>34698</b>   |   |
| 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 _____   |  |   |   |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| <b>Make check payable to Florida Department of State</b>   |  |   |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BRABANT, PETER<br>13301 THOROUGHbred LOOP<br>LARGO, FL 33773 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>COLANGELO, ANTHONY<br>13259 THOROUGHbred LOOP<br>LARGO, FL 33773 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>WANUCHA, NANCY<br>13317 THOROUGHbred LOOP<br>LARGO, FL 33773 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D WANUCHA NANCY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>13317 THOROUGHbred LOOP</b><br><b>LARGO, FL - 33773</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GATTI, JAMES<br>8010 APPALOOSA DRIVE<br>LARGO, FL 33773 <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>STD TERRY STUBENSEY</b> <input type="checkbox"/> Delete<br><b>13225 THOROUGHbred LOOP</b><br><b>LARGO, FL - 33773</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |
| <b>SIGNATURE:</b>   |  | Date _____ Daytime Phone # _____  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |