


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000830
 1. Entity Name
CUMBERLAND INDUSTRIAL PARK ASSOCIATION, INC.



Principal Place of Business Mailing Address
170 CUMBERLAND PARK DRIVE **170 CUMBERLAND PARK DRIVE**
ST AUGUSTINE, FL 32095 US **ST AUGUSTINE, FL 32095 US**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2817056** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSE, BILL
33 VALENCIA STREET
SAINT AUGUSTINE, FL 32084

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

UG00000425049
02/18/06-80077-022 61.25

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | V |
| NAME | DAY, JOHNNY |
| STREET ADDRESS | 125 CUMBERLAND PARK DR. |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32095 |
| TITLE | P |
| NAME | ROSE, BILL |
| STREET ADDRESS | 170 CUMBERLAND PARK DR |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32095 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #