

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02828 (4)

1. Corporation Name

CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O KRM MANAGEMENT, INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312

C/O KRM MANAGEMENT, INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified

04/30/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2435959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

22

27

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHANDLER, PORTER
STREET ADDRESS 536 FRANK SHAW ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ DELETE

TITLE TD
NAME ANDERSON, DENISE
STREET ADDRESS 1102-H GREENTREE
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE VD
NAME SINGLETARY, RICK
STREET ADDRESS 102 CHUKKARS DRIVE
CITY-ST-ZIP THOMASVILLE GA 31792

☐ DELETE

TITLE SD
NAME BROERMAN, JON
STREET ADDRESS 1103-E GREEN TREE COURT
CITY-ST-ZIP TALLAHASSEE FL 32304

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Porter Chandler

4/29/96

Date

531-0627

Daytime Phone #

CR2E037 (12/95)