

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32312-2856

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 26 27 28 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/30/1984 05/01/1996  
4. FEI Number Applied For  
59-2435959 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 ☐ DELETE  
NAME CHANDLER, PORTER  
STREET ADDRESS 536 FRANK SHAW ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32312  
TITLE SD ☐ DELETE  
NAME ANDERSON, DENISE  
STREET ADDRESS 1102-H GREENTREE  
CITY-ST-ZIP TALLAHASSEE FL  
TITLE TD ☐ DELETE  
NAME SINGLETARY, RICK JR.  
STREET ADDRESS 102 CHUKKARS DRIVE  
CITY-ST-ZIP THOMASVILLE GA  
TITLE ~~D~~ ☒ DELETE  
NAME ~~BROERMAN, JON~~  
STREET ADDRESS ~~1103-E GREEN TREE COURT~~  
CITY-ST-ZIP ~~TALLAHASSEE FL~~  
TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME 300002168933-3  
1.3 STREET ADDRESS -05/07/97-01016-004  
1.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 4/8/97 531-0627

Date Daytime Phone #0008426

CR2E037 (9/96)