

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # N02828****1. Entity Name**
CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.**Principal Place of Business**
C/O KRM MANAGEMENT, INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312**Mailing Address**
C/O KRM MANAGEMENT, INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2435959Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**ISAACS DAN L
431 WAVERLY ROAD

TALLAHASSEE FL 32312 US

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.**SIGNATURE** **04/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME SD
STREET ADDRESS MATHIS JEANINE
CITY-ST-ZIP 1103-B GREENTREE FL 32304 TALLAHASSEE**TITLE** ☐ Delete
NAME VD
STREET ADDRESS SINGLETARY RICK JR.
CITY-ST-ZIP 102 CHUKKARS DRIVE THOMASVILLE GA 31792**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME TSD
STREET ADDRESS ANDERSON DENISE
CITY-ST-ZIP 1102-H GREENTREE TALLAHASSEE FL 32304**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME PD
STREET ADDRESS CHANDLER PORTER
CITY-ST-ZIP 536 FRANK SHAW ROAD TALLAHASSEE FL 32312**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:** Porter Chandler P 04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)