

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02828

FILED
Jun 09, 2002 8:00 AM
Secretary of State

Entity Name: CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2435959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHANDLER, PORTER
Address: 536 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TSD () Delete
Name: ANDERSON, DENISE
Address: 1102-H GREENTREE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: SINGLETARY, RICK JR.
Address: 102 CHUKKARS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

Title: SD () Delete
Name: MATHIS, JEANINE
Address: 1103-B GREENTREE
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BLANTON, NICOLE MS.
Address: 1103-A GREENTREE
City-St-Zip: TALLAHASSEE, FL 32304

Title: DT () Change (X) Addition
Name: MATHIS, JEANINE MS.
Address: 1103-B GREENTREE
City-St-Zip: TALLAHASSEE, FL 32304

Title: DS () Change (X) Addition
Name: LAWRENCE, JACQUELYN MS.
Address: 1101-G GREENTREE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PORTER CHANDLER

PRES

06/09/2002

Electronic Signature of Signing Officer or Director

Date