
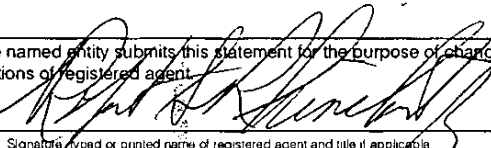
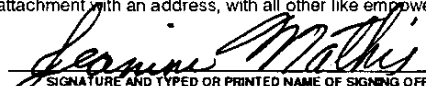


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90234 039 \*\*\*\*61.25

<b>DOCUMENT # N02828</b> 1. Entity Name <b>CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>644 CAPITAL CIR NE TALLAHASSEE FL 32301</b>			Mailing Address <b>PO BOX 13089 TALLAHASSEE FL 32317</b>		
2. Principal Place of Business <b>644 Capital Cir NE</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tallahassee FL</b>		City & State		4. FEI Number <b>59-2435959</b>	
Zip <b>32301</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RHINEHART, R S 644 CAPITAL CIR NE TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent Name <b>R.S. Rhinehart</b> Street Address (P.O. Box Number is Not Acceptable) <b>644 Capital Cir NE</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>		
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  DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHANDLER, PORTER 536 FRANK SHAW ROAD TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAN SLYKE, JA 519 DARCENA WAY GULF BREEZE FL 32561</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SINGLETARY, RICK JR. 102 CHUKKARS DRIVE THOMASVILLE GA 31792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MATHIS, JEANINE MS. 1103-B GREENTREE TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LAWRENCE, JACQUELYN MS. 1101-G GREENTREE TALLAHASSEE FL 32312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I 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 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:  <b>4/18/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					