

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVE
AND
FILED

06 APR 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02828

1. Entity Name

CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

644 CAPITAL CIR NE
TALLAHASSEE FL 32301

Mailing Address

PO BOX 13089
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-2435959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHINEHART, R S
644 CAPITAL CIR NE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

100074326351

05/10/06-01009-019 ***\$61.25

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, PORTER	
STREET ADDRESS	536 FRANK SHAW ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN SLYKE, JA	
STREET ADDRESS	519 DARCENA WAY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SINGLETARY, RICK JR.	
STREET ADDRESS	102 CHUKKARS DRIVE	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MATHIS, JEANINE MS.	
STREET ADDRESS	1103-B GREENTREE	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAWRENCE, JACQUELYN MS.	
STREET ADDRESS	1101-G GREENTREE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Rhinehart	
STREET ADDRESS	644 Cap Cir NE	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murray, Sean	
STREET ADDRESS	1102 H Greentree Ct	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathis, Jeanine	
STREET ADDRESS	1103 B Greentree Ct	
CITY-ST-ZIP	Tallahassee FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

4/28/06

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