

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02828

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

644 CAPITAL CIR NE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317

**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:**

RHINEHART, R S  
644 CAPITAL CIR NE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

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: ROBERT S. RHINEHART

03/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: RHINEHART, ROBERT  
Address: 644 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: BRESNAHAN, MARK  
Address: 1104 N GREENTREE CT  
City-St-Zip: TALLAHASSEE, FL 32304

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RHINEHART, ROBERT S  
Address: 644 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT S. RHINEHART

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date