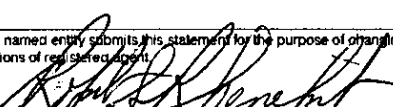
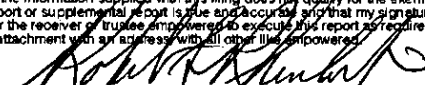


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 029 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90104249

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	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 RHINEHART, R S 644 CAPITAL CIR NE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				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: 				DATE: 4-22-03	
Signature, typed or printed name of registered agent and date if applicable				(NOTE: Registered Agent signature required when changing)	
FILE NOW - FEES \$61.25				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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	CHANDLER, PORTER			NAME	
STREET ADDRESS	536 FRANK SHAW ROAD			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			CITY-ST-ZIP	
TITLE	TSD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DENISE			NAME	
STREET ADDRESS	1102-H GREENTREE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP	
TITLE	VD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	SINGLETARY, RICK JR.			NAME	
STREET ADDRESS	102 CHUKKARS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 31782			CITY-ST-ZIP	
TITLE	DVP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BLANTON, NICOLE MS.			NAME	
STREET ADDRESS	1103-A GREENTREE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP	
TITLE	DT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MATHIS, JEANINE MS.			NAME	
STREET ADDRESS	1103-B GREENTREE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304			CITY-ST-ZIP	
TITLE	DS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, JACQUELYN MS.			NAME	
STREET ADDRESS	1101-G GREENTREE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312			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)(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: 				DATE: 4-22-03 878 3134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

CR2E037 (10/02)