Entity Name: CUMBERLAND CIRCLE COMMUNITY	Y ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

1600 NW 19TH CIRCLE GAINESVILLE, FL 32605

DOCUMENT# 738330

#### **Current Mailing Address:**

C/O ACTION REAL ESTATE SERVICES 6110-B NW 1 PL GAINESVILLE, FL 32607 US

### FEI Number: 59-1883157

# Name and Address of Current Registered Agent:

ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607 US FILED Apr 17, 2014 Secretary of State CC0659043532

Certificate of Status Desired: No

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

# **Officer/Director Detail :**

Office/Dire	CION DELAIN.		
Title	VD	Title	D
Name	DUFFIELD, KEN	Name	CANON, KATHRYN
Address	1603 NW 19 CIR	Address	1649 NW 19 CIR
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605
Title	SD	Title	ST
Name	SILVA, CEILA	Name	SUMMERLIN, MARY ANNE
Address	1651 NW 19 CIR	Address	1605 NW 19TH CIRCLE
City-State-Zip:	GAINESVILLE FL 32605	City-State-Zip:	GAINESVILLE FL 32605-4028
Title	PV	Title	D
Title Name	PV HAMILTON, JONATHAN	Title Name	D EDWARDS, DORIS
Name	HAMILTON, JONATHAN 1641 NW 19TH CIR	Name	EDWARDS, DORIS
Name Address	HAMILTON, JONATHAN 1641 NW 19TH CIR	Name Address	EDWARDS, DORIS 1610 NW 19 CIR
Name Address City-State-Zip:	HAMILTON, JONATHAN 1641 NW 19TH CIR GAINESVILLE FL 32605	Name Address City-State-Zip:	EDWARDS, DORIS 1610 NW 19 CIR GAINESVILLE FL 32605
Name Address City-State-Zip: Title	HAMILTON, JONATHAN 1641 NW 19TH CIR GAINESVILLE FL 32605 DIRECTOR	Name Address City-State-Zip: Title	EDWARDS, DORIS 1610 NW 19 CIR GAINESVILLE FL 32605 DIRECTOR
Name Address City-State-Zip: Title Name	HAMILTON, JONATHAN 1641 NW 19TH CIR GAINESVILLE FL 32605 DIRECTOR LAFRAMENTA, JOANNE 1596 NW 19TH CIRCLE	Name Address City-State-Zip: Title Name	EDWARDS, DORIS 1610 NW 19 CIR GAINESVILLE FL 32605 DIRECTOR SCHAEFER, EDWARD

I hereby 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 all other like empowered.

#### SIGNATURE: JONATHAN HAMILTON

PRESIDENT

04/17/2014

Date

Electronic Signature of Signing Officer/Director Detail