

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738330

**Entity Name:** CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 11, 2023**  
**Secretary of State**  
**3179601804CC**

**Current Principal Place of Business:**

10,000 SW 52ND AVE  
CLUBHOUSE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

C/O GUARDIAN ASSOCIATION MANAGEMENT  
10,000 SW 52ND AVE CLUBHOUSE  
GAINESVILLE, FL 32608 US

**FEI Number: 59-1883157**

**Certificate of Status Desired: No**

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

GUARDIAN ASSOCIATION MANAGEMENT  
C/O GUARDIAN ASSOCIATION MANAGEMENT  
10,000 SW 52ND AVE CLUBHOUSE  
GAINESVILLE, FL 32608 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: THOMAS EATON**

**01/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LUTZ, DANNY  
Address 1604 NW 19 CIR  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name MULLINGAN, RICK  
Address 1666 NW 19 CIR  
City-State-Zip: GAINESVILLE FL 32605

Title PRESIDENT  
Name LAFRAMENTA, JOANNE  
Address 1596 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name GLEASON, JOSEPH  
Address 1660 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name THORNDIKE, MARTI  
Address 1626 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name GROFF, BILLIE  
Address 1642 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name HUTCHINSON, LORALEE  
Address 1637 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title TREASURER  
Name MARTINELLI, VICTOR  
Address 2514 NW 31ST TER  
City-State-Zip: GAINESVILLE FL 32605

**Continues on page 2**

*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: JOANNE LAFRAMENTA**

**PRESIDENT**

**01/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            WALTERS, LISA  
Address        10,000 SW 52ND AVE  
                 CLUBHOUSE  
City-State-Zip: GAINESVILLE FL 32608