2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2017
Secretary of State
CC2728162379

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Entity Name: CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1600 NW 19TH CIRCLE
GAINESVILLE, FL 32605

Current Mailing Address:

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

FEI Number: 59-1883157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	CANELAS, MARCELO
Address	1622 NW 19 CIR
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	STRICKLAND, ELIZABETH
Address	1598 NW 19 CIR
City-State-Zip:	GAINESVILLE FL 32605

Title	TREASURER
Name	SCHIFFBAUER, JEANETTE
Address	1613 NW 19TH CIR
City-State-Zip:	GAINESVILLE FL 32605

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

Title	D
Name	MCNEILL, RIK
Address	1665 NW 19 CIR
City-State-Zip:	GAINESVILLE FL 32605

Title	DIRECTOR
Name	BOYD, MARSHA
Address	1663 NW 19TH CIRCLE
City-State-Zip:	GAINESVILLE FL 32605-4028

Title	D
Name	EDWARDS, DORIS
Address	1610 NW 19 CIR
City-State-Zip:	GAINESVILLE FL 32605

Title	SECRETARY
Name	ELLIS, PATRICIA
Address	1676 NW 19TH CIRCLE
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 03/21/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY, DIRECTOR
Name	PAYNE, MARTHA
Address	1611 NW 19TH CIRCLE
City-State-Zip:	GAINESVILLE FL 32605