

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738330

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 D
Name MCNEILL, RIK
Address 1665 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 DIRECTOR
Name BOYD, MARSHA
Address 1663 NW 19TH CIRCLE
City-State-Zip: GAINESVILLE FL 32605-4028

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

Title D
Name EDWARDS, DORIS
Address 1610 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 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

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RASMUSSEN-LI, KAMA
Address 1632 NW 19TH CIRCLE
City-State-Zip: GAINESVILLE FL 32605