

**2021 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

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**2561621306CC**

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES, INC  
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:**

VESTA PROPERTY SERVICES, INC.  
C/O VESTA PROPERTY SERVICES, INC  
6110-B NW 1 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:** CHRIS JORDAN

04/30/2021

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 SECRETARY  
Name CARR, MIMI  
Address 1673 NW 19 CIR  
City-State-Zip: GAINESVILLE FL 32605

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

Title TREASURER  
Name RASKIN, EMILIA  
Address 1601 NW 19TH CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

Title SECRETARY  
Name GROFF, BILLIE  
Address 6110-B NW 1ST PLACE  
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR  
Name MARTINELLI, VIC  
Address 6110-B NW 1ST PLACE  
City-State-Zip: GAINESVILLE FL 32607

**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

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FULTON, DAN  
Address        6110-B NW 1ST PLACE  
City-State-Zip: GAINESVILLE FL 32607