#### 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: ROBERT S. RHINEHART MANAGER/AGENT

Electronic Signature of Signing Officer/Director Detail

CUTRIGHT, STEVEN

644 CAPITAL CIR NE TALLAHASSEE FL 32301

RHINEHART, ROBERT S 644 CAPITAL CIRCLE NE

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:

Name Address

City-State-Zip:

**Officer/Director Detail :** Title MANAGER/AGENT Title D RHINEHART, ROBERT S BRESNAHAN, MARK Name Name PO BOX 13089 644 CAPITAL CIR NE Address Address City-State-Zip: TALLAHASSEE FL 32301 TALLAHASSEE FL 32317 City-State-Zip: Title S/T Title Ρ Name LAWRENCE, JACQUELYN MS. Name MATHIS, JEANINE MS. Address 644 CAPITAL CIR NE Address 644 CAPITAL CIR NE TALLAHASSEE FL 32301 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32301 VP Title

# **Current Principal Place of Business:**

644 CAPITAL CIR NE TALLAHASSEE, FL 32301

DOCUMENT# N02828

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

PO BOX 13089 TALLAHASSEE, FL 32317

#### FEI Number: 59-2435959

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

TALLAHASSEE, FL 32301 US

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPO	RT
2013 I LORIDA NOTI OR I ROTI OORI ORAHON ANNOAL REI O	111

Entity Name: CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.

### FILED Mar 26, 2015 Secretary of State CC0113247363

Date

Certificate of Status Desired: No

Date

03/26/2015