2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738330

FILED Mar 18, 2009 Secretary of State

Entity Name: CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	9TH CIRCLE LE, FL 32605	US			
Current Ma	ailing Address	:	New Maili	ling Address:	
6110-B NW	N REAL ESTA 1 PL LE, FL 32607	TE SERVICES US			
FEI Number:		FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:	
SAUSAMAN, JEFFREY D C/O ACTION REAL ESTATE SERVICES 6110-B NW 1 PL GAINESVILLE, FL 32607 US			6110-B NV	ACTION REAL ESTATE SERVICES 6110-B NW 1ST PL GAINESVILLE, FL 32607 US	
The above in the State		ubmits this statement for the p	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	E: DJEFFRE	Y SAUSAMAN		03/18/2009	
	Electronic	Signature of Registered Ag	ent	Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD ()[DUFFIELD, KEN 1603 NW 19 CIR GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E MOSLEY, BOB 1615 NW 19 CIR GAINESVILLE, F		Title: Name: Address: City-St-Zip:	D (X) Change () Addition CANON, ROD 1628 NW 19 CIR GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	SD () ECANON, KATHER 1649 NW 19 CIR GAINESVILLE, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () E SUMMERLIN, MA 1605 NW 19TH C GAINESVILLE, F	CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()E HAMILTON, JOHI 1641 NW 19TH C GAINESVILLE, F	CIR	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition HAMILTON, JOHN 1641 NW 19TH CIR GAINESVILLE, FL 32605	
Title: Name: Address: City-St-Zip:	D ()[BOSTICK, RHES 1594 NW 19 CIR GAINESVILLE, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEN DUFFIELD P 03/18/2009