


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90019 002 ****61.25

DOCUMENT # 760399		
1. Entity Name THE CUMBERLAND CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 2180 WEST SR 434 LONGWOOD, FL 32779-5044	Mailing Address 2180 WEST SR 434 LONGWOOD, FL 32779-5044
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40101011



2. Principal Place of Business CAPITAL PROPERTIES GROUP Suite, Apt. #, etc. 3364 CLEVELAND AVE City & State FORT MYERS, FL Zip 33901 Country LEE		3. Mailing Address CAPITAL PROPERTIES GROUP Suite, Apt. #, etc. 3364 CLEVELAND AVE City & State FORT MYERS, FL Zip 33901 Country LEE	
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07172006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2278965
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name RAGER, KENNETH D. CAPITAL PROPERTIES GROUP, LLC	
		Street Address (P.O. Box Number is Not Acceptable) 3364 CLEVELAND AVENUE	
		City FORT MYERS FL Zip Code 33901	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  7/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LANG, DAVID 112 A MOUNT SAVAGE DR ASHLAND, KY 41101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFENS, JAMIE 7125 LAKE RIDGE CT #118 FT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERTORE, CHERYL 7116 LAKERIDGE CT #207 FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WADDELL, KEN 7125 LAKERIDGE CT #222 FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAULKNER, MARY 7115 LAKE RDIGE CT #110 FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALE, LODWELL 7115 LAKE RIDGE CT. #112 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  7-20-06 454-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #