

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 12, 2007 8:00 am
Secretary of State**

03-12-2007 90359 002 ****61.25

DOCUMENT # 760399

1. Entity Name
THE CUMBERLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**CAPITAL PROPERTIES GROUP
3364 CLEVELAND AVE
FORT MYERS, FL 33901**

Mailing Address
**CAPITAL PROPERTIES GROUP
3364 CLEVELAND AVE
FORT MYERS, FL 33901**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2278965	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**RAGER, KENNETH D
CAPITAL PROPERTIES GROUP
3364 CLEVELAND AVE
FORT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

**TITLE P
NAME LANG, DAVID
STREET ADDRESS 112 A MOUNT SAVAGE DR
CITY-ST-ZIP ASHLAND, KY 41101**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE V
NAME LIBERTORE, CHERYL
STREET ADDRESS 7116 LAKERIDGE CT #207
CITY-ST-ZIP FT MYERS, FL 33907**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE TD
NAME WADDELL, KEN
STREET ADDRESS 7125 LAKERIDGE CT #222
CITY-ST-ZIP FT MYERS, FL 33907**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE SD
NAME FAULKNER, MARY
STREET ADDRESS 7115 LAKE RDIGE CT #110
CITY-ST-ZIP FORT MYERS, FL 33907**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE D
NAME DALE, LOWELL
STREET ADDRESS 7115 LAKE RIDGE CT. #112
CITY-ST-ZIP FORT MYERS, FL 33907**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change 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:

David Lang (DAVID LANG)

3/1/07

481-1414

Date

Daytime Phone #

40033743

