

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003100

FILED
Apr 21, 2006
Secretary of State

Entity Name: CUMBRIAN LAKES RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

PO BOX 531010
ORLANDO, FL 328531010 US

New Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

FEI Number: 59-3683259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELROSE MANAGEMENT GROUP
1600 W. COLONIAL DR.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 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: THERESA SUTHERLAND

04/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORRELL, NIGEL
Address: 4620 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP () Delete
Name: AGUIRRE, ELISABETH
Address: 4617 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: ST () Delete
Name: THOMERSON, JON
Address: 4604 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NEAL, RICHARD
Address: 4615 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 32746 US

Title: D () Change (X) Addition
Name: FRIED, HENRY
Address: 1 WOODSIDE WAY, LINSLADE LEIGHTON
City-St-Zip: BEDFORDSHIRE, ENGLAND, UK LU7 2PN UK

I hereby certify that the information supplied with this filing does not qualify for the 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: NIGELL WORRALL

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date