

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003100

FILED
Apr 26, 2007
Secretary of State

Entity Name: CUMBRIAN LAKES RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3683259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change () Addition
Name: THOMERSON, JON
Address: 105 INCHBONNIE RD, S. WOODHAM FERRERS
City-St-Zip: CHELMSFORD, ESSEX, UK CM3 5ZW UK

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

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

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: NIGEL WORRALL

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date