2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

06 APR 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02828

1. Entity Name

CUMBERLAND FOREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
644 CAPITAL CIR NE TALLAHASSEE FL 32301	PO BOX 13089 TALLAHASSEE FL 32317

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2435959 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RHINEHART, R S
644 CAPITAL CIR NE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 _____ 100074326351 05/10/06--01009--019 **61.25 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHANDLER, PORTER 536 FRANK SHAW ROAD TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert Rhinehart 644 Cap Cir NE Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN SLYKE, JA 519 DARCENA WAY GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Murray, Sean 1102 H Greentree Ct Tallahassee FL 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SINGLETARY, RICK JR. 102 CHUKKARS DRIVE THOMASVILLE GA 31792	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MATHIS, JEANINE MS. 1103-B GREENTREE TALLAHASSEE FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mathis, Jeanine 1103 B Greentree Ct Tallahassee FL 32304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LAWRENCE, JACQUELYN MS. 1101-G GREENTREE TALLAHASSEE FL 32312	☐ 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 Section 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: _____ 4/28/06

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