2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006218

FILED Apr 06, 2006 Secretary of State

Entity Name: CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2637 MCCORMICK DRIVE 3527 PALM HARBOR BLVD CLEARWATER, FL 33759 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

2637 MCCORMICK DRIVE 3527 PALM HARBOR BLVD CLEARWATER, FL 33759 PALM HARBOR, FL 34683

FEI Number: 56-2397405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRISCIA, FRANK ESQ MELROSE MANAGEMENT GROUP 500 N WESTSHORE BLVD 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 SUITE 830 TAMPA, FL 33609 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: JACK B HANSON 04/06/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change () Addition () Delete FLOWERS, G E BRABANT, PETER Name: Name: 2637 MCCORMICK DRIVE Address: 13301 THOROUGHBRED LOOP Address:

City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: LARGO, FL 33773

Title: VD Title: (X) Change () Addition () Delete MILLER, LARRY Name: COLANGELO, ANTHONY Name:

Address: 2637 MCCORMICK DRIVE Address: 13259 THOROUGHBRED LOOP City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: LARGO, FL 33773

Title: STD () Delete Title: STD (X) Change () Addition JACZKO, THERESA WANUCHA, NANCY Name: Name:

13317 THOROUGHBRED LOOP Address: 2637 MCCORMICK DRIVE Address:

City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: LARGO, FL 33773

Title: () Delete Title: () Change (X) Addition

Name: Name: GATTI, JAMES 8010 APPALOOSA DRIVE Address: Address: City-St-Zip: City-St-Zip: LARGO, FL 33773

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: JACK B HANSON **AGEN** 04/06/2006