

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 041 ****61.25

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1. Corporation Name

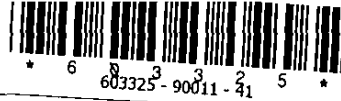
CUMBERLAND FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business

2215 E. STATE ROAD 200
YULEE FL 32097
US

Mailing Address

PO BOX 1987
YULEE FL 32041-1987
US



2. Principal Place of Business

21 4889-1 SAN JOSE BLVD

2a. Mailing Address

26 4889-1 SAN JOSE BLVD

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-3247695

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

23 Jacksonville FL

28 Jacksonville FL

24 32257 25 USA

29 32257 30 USA

9. Name and Address of Current Registered Agent

POWELL, TERRELL J
2215 E. STATE ROAD 200
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name Bryan K Cantrell
82 Street Address 4889-1 SAN JOSE BLVD
83
84 City Jacksonville FL 85 Zip Code 32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/99

12. OFFICERS AND DIRECTORS

TITLE SD
NAME HAM, JULIAN
STREET ADDRESS 9012 BLALOCK COURT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE TD
NAME ALEKSIC, RAYMOND L
STREET ADDRESS 5370 CUMBERLAND FOREST LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D
NAME LEWITT, HENRY R
STREET ADDRESS 9007 CUMBERLAND FOREST LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE PD
NAME STECHER, KENNETH
STREET ADDRESS 5375 CUMBERLAND FOREST LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD
NAME WALLACE, BILL
STREET ADDRESS 5356 DARBY WAY
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

8-1-99 731 0659

CR2E037 (5/99)