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

603325 - 90011 - 41

DOCUMENT # N94000001978

1. Corporation Name
CUMBERLAND FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2215 E. STATE ROAD 200 YULEE FL 32097 US	PO BOX 1987 YULEE FL 32041-1987 US

2. Principal Place of Business	2a. Mailing Address
21 9889-1 San Jose Blvd	26 9889-1 San Jose Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28 Jacksonville FL
Zip 24 32257 Country 25 USA	Zip 29 32257 Country 30 USA

3. Date Incorporated or Qualifed: 04/18/1994

4. FEI Number: 59-3247695 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 (P.O. Box Number is Not Acceptable): 9889-1 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: Bryan K Cantrell — DATE: 7/24/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAM, JULIAN		1.2 NAME		
STREET ADDRESS	9012 BLALOCK COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALEKSIC, RAYMOND L		2.2 NAME		
STREET ADDRESS	5370 CUMBERLAND FOREST LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWITT, HENRY R		3.2 NAME		
STREET ADDRESS	9007 CUMBERLAND FOREST LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STECHER, KENNETH		4.2 NAME		
STREET ADDRESS	5375 CUMBERLAND FOREST LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☐ Addition
NAME	WALLACE, BILL		5.2 NAME	Ray Alexa	
STREET ADDRESS	5356 DARBY WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 — 8-1-99 — (904) 7310659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)