

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000830

FILED
Jan 12, 2009
Secretary of State

Entity Name: CUMBERLAND INDUSTRIAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

170 CUMBERLAND PARK DRIVE
ST AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

170 CUMBERLAND PARK DRIVE
ST AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 59-2817056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, BILL
33 VALENCIA STREET
SAINT AUGUSTINE, FL 32084 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: V () Delete
Name: DAY, JOHNNY
Address: 125 CUMBERLAND PARK DR.
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: P () Delete
Name: ROSE, BILL
Address: 170 CUMBERLAND PARK DR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: SOHACKI, JOSH
Address: 185 CUMBERLAND PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T () Change (X) Addition
Name: JONES, TIM
Address: 13410 SUTTON PARK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

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: BILL ROSE

P

01/12/2009

Electronic Signature of Signing Officer or Director

Date