

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90048 004 \*\*\*\*61.25

**DOCUMENT # N96000002960**

1. Entity Name  
**CUMBERLAND ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**6331 NIKKI LANE  
TAMPA, FL 33625 US**

Mailing Address  
**P.O. BOX 272413  
TAMPA, FL 33688-2413 US**

**50010247**



01302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3414243**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAWARTZ, MICHAEL A  
6331 NIKKI LANE  
TAMPA, FL 33625**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 **D** ☐ Delete  
NAME **SCHWARTZ, MICHAEL A**  
STREET ADDRESS **6331 NIKKI LANE**  
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **ENGERBRETSON, DAN**  
STREET ADDRESS **15420 HEATHRIDGE**  
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE **Rob Rose D** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **6305 Secret CT**  
CITY-ST-ZIP **Tampa, FL 33625**

TITLE **D** ☐ Delete  
NAME **VAN ATTA, LANCE**  
STREET ADDRESS **8326 NIKKI LANE**  
CITY-ST-ZIP **TAMPA, FL 33625**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:**

*Michael A. Schwart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael A. Schwart**  
Treasurer

Date

**1/31/05**

Daytime Phone #

**813-265-1670**