

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002960

FILED
Mar 31, 2007
Secretary of State

Entity Name: CUMBERLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6331 NIKKI LANE
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272413
TAMPA, FL 336882413 US

New Mailing Address:

FEI Number: 59-3414243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAWARTZ, MICHAEL A
6331 NIKKI LANE
TAMPA, FL 33625 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: D () Delete
Name: SCHWARTZ, MICHAEL A
Address: 6331 NIKKI LANE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: ROSE, ROB
Address: 6305 SECRET CT
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: VAN ATTA, LANCE
Address: 6326 NIKKI LANE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MICHAEL A. SCHWARTZ

D

03/31/2007

Electronic Signature of Signing Officer or Director

Date