


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 759048 1. Entity Name THE CAMPBELL TOWNHOMES ASSOCIATION, INC.	
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Principal Place of Business 4521 MERCADO DR SEBRING, FL 33872	Mailing Address 4521 MERCADO DR SEBRING, FL 33872
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02262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2726062	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent WAGNER, DENISE 4521 MERCADO DRIVE SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, DENISE 4521 MERCADO DR. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINTO, ARTHUR 4527 MERCADO DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVETT, DAVID 4525 MERCADO DR SEBRING, FL 33872
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03/14/06-80005-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Denise Wagner* Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06 *8633821065*
Date Daytime Phone #