

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764094

FILED
Jun 25, 2009
Secretary of State

Entity Name: CAMBRIDGE CIRCLE TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

221 WALTON HEATH DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4656
WINTER PARK, FL 32828

New Mailing Address:

FEI Number: 92-4392560 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PROPERTY FIRST INC
221 WALTON HEATH DRIVE
ORLANDO, FL 32828 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: DVP () Delete
Name: HANSFORD, GEORGE
Address: 1623 PATTON AVENUE
City-St-Zip: APOKA, FL 32703

Title: DS () Delete
Name: PASTRANA, MICHAEL
Address: 12533 WOODBURY COVE DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: DP () Delete
Name: ALSAKA, JACK
Address: P.O. BOX 780185
City-St-Zip: ORLANDO, FL 32878

Title: DS (X) Delete
Name: IRIZARRY, JAIME
Address: 250 WATERSIDE DRIVE
City-St-Zip: INDIAN HARBOUR, FL 32937

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:

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

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: GEORGE HANDSFORD

VP

06/25/2009

Electronic Signature of Signing Officer or Director

Date