

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:51**

**DOCUMENT # 767650 (5)**  
1. Corporation Name  
**CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

35 CARL BRANDT DR.  
P.O. BOX 1136  
SHALIMAR FL 32579

35 CARL BRANDT DR.  
P.O. BOX 1136  
SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1983** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2901841** Applied For ☐  
Not Applicable ☒

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALFORD, WADE H  
223 OXFORD COURT  
MARY ESTHER FL 32569**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALFORD, WADE H        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 223 OXFORD COURT      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MARY ESTHER FL        | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VD                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VINSON, GLORIA        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 309 OXFORD COURT      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MARY ESTHER FL        | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | STD                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOODMAN, ROGER        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 206 SNUG HARBOR DRIVE | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | SHALIMAR FL           | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wade H. Alford**

**9 mar '95**

Date

**(904) 882-4926**

Daytime Phone