

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767650

1. Entity Name

CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90103 043 ****61.25

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 32579-5136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2901841

Applied For

Not Applicable

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

ALFORD, WADE H
223 OXFORD COURT
MARY ESTHER FL 32569

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DUNMON, WILLIAM L
STREET ADDRESS 607 REVERE AVE.
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE PD ☒ Change ☐ Addition
NAME WILSON, RAYMOND E.
STREET ADDRESS 35 CARL BRANDT DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VD ☐ Delete
NAME ALFORD, WADE H
STREET ADDRESS 223 OXFORD COURT
CITY-ST-ZIP MARY ESTHER FL 32567

TITLE VD ☐ Change ☐ Addition
NAME ALFORD, WADE H.
STREET ADDRESS 223 OXFORD COURT
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE STD ☐ Delete
NAME WILSON, RAYMOND E
STREET ADDRESS 35 CARL BRANDT DR
CITY-ST-ZIP SHALIMAR FL 32579

TITLE STD ☒ Change ☐ Addition
NAME ALMOND, GLENN C.
STREET ADDRESS 333 BEAL PARKWAY
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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: RAYMOND E. WILSON, PPD. *Raymond E. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

(850) 651-3287

Daytime Phone #

CR2E037 (9/99)