

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 767650

1. Entity Name

CAMBRIDGE TOWNHOMES HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



03222004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2901841

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

000000147404
05/03/04-80105-006 61.25

10. OFFICERS AND DIRECTORS

TITLE STD
NAME ALMOND, GLENN C
STREET ADDRESS 333 BEAL PARKWAY
CITY-STATE-ZIP FORT WALTON BEACH, FL 32548

TITLE PD
NAME ALFORD, WADE H
STREET ADDRESS 223 OXFORD COURT
CITY-STATE-ZIP MARY ESTHER, FL 32567

TITLE VD
NAME WILSON, RAYMOND E
STREET ADDRESS 35 CARL BRANDT DR
CITY-STATE-ZIP SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Raymond E. Wilson, RD 4/30/04 850-651-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #