



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90370 045 \*\*\*\*61.25

<b>DOCUMENT # 767650</b> 1. Entity Name <b>CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>35 CARL BRANDT DR. P.O. BOX 1136 SHALIMAR, FL 32579</b>			Mailing Address <b>35 CARL BRANDT DR. P.O. BOX 1136 SHALIMAR, FL 32579</b>		
2. Principal Place of Business <b>37 CARL BRANDT DR</b>		3. Mailing Address <b>37 CARL BRANDT DR</b>			
Suite, Apt. #, etc. <b>PO BOX 1136</b>		Suite, Apt. #, etc. <b>P.O. BOX 1136</b>		04172006 Chg-NP CR2E037 (11/05)	
City & State <b>SHALIMAR FL</b>		City & State <b>SHALIMAR FL</b>		4. FEI Number <b>59-2901841</b>	
Zip <b>32579</b>		Country <b>OKALOOSA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILSON, RAYMOND E 35 CARL BRANDT DRIVE SHALIMAR, FL 32579</b>			7. Name and Address of New Registered Agent Name <b>WILSON, RAYMOND E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>37 CARL BRANDT DRIVE</b> City <b>SHALIMAR FL</b> Zip Code <b>32579</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALMOND, GLENN C 333 BEAL PARKWAY FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFORD, WADE H 223 OXFORD COURT MARY ESTHER, FL 32567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, RAYMOND E. 37 CARL BRANDT DRIVE SHALIMAR FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, RAYMOND E 35 CARL BRANDT DR SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD ROGE GOODMAN, ROGER W. 46 MAGNOLIA AVENUE SHALIMAR FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Raymond E. Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 850-651-3287 <small>Date Daytime Phone #</small>		