

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767650

FILED  
May 03, 2007  
Secretary of State

**Entity Name:** CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

37 CARL BRANDT DR  
POB 1136  
SHALIMAR, FL 32579

**New Principal Place of Business:**

37 CARL BRANDT DR  
SHALIMAR, FL 32579

**Current Mailing Address:**

37 CARL BRANDT DR  
POB 1136  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-2901841      **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:**

**Name and Address of New Registered Agent:**

WILSON, RAYMOND E  
37 CARL BRANDT DR  
SHALIMAR, FL 32579      US

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: STD      ( ) Delete  
Name: ALMOND, GLENN C  
Address: 333 BEAL PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD      ( ) Delete  
Name: WILSON, RAYMOND E  
Address: 37 CARL BRANDT DR  
City-St-Zip: SHALIMAR, FL 32579

Title: VD      ( ) Delete  
Name: GOODMAN, ROGER W  
Address: 46 MAGNOLIA AVE  
City-St-Zip: SHALIMAR, FL 32579

**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:

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: RAYMOND E. WILSON

PD

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date