2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767650

FILED May 01, 2009 Secretary of State

Entity Name: CAMBRIDGE TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

37 CARL BRANDT DR 37 CARL BRANDT DR SHALIMAR, FL 32579 SHALIMAR, FL 32579 US

Current Mailing Address: New Mailing Address:

37 CARL BRANDT DR 37 CARL BRANDT DR POB 1136 POB 1136

SHALIMAR, FL 32579 SHALIMAR, FL 32579 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: STD (X) Change () Addition Name: ALMOND, GLENN C Name: WILSON, BARBARA A Address: 333 BEAL PARKWAY Address: 37 CARL BRANDT DRIVE

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: SHALIMAR, FL 32579 US

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

 $\label{eq:title: VD () Delete Title: VD (X) Change () Addition} \end{minipage}$

 Name:
 GOODMAN, ROGER W
 Name:
 GOODMAN, ROGER W

 Address:
 46 MAGNOLIA AVE
 Address:
 46 MAGNOLIA AVE

 City-St-Zip:
 SHALIMAR, FL 32579
 City-St-Zip:
 SHALIMAR, FL 32579 US

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 05/01/2009