

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 045 ****61.25

DOCUMENT # N05000007225 1. Entity Name CAMBRIA AT HAMMOCK DUNES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 19 AVENUE DE LA MER PALM COAST, FL 32137				Mailing Address 19 AVENUE DE LA MER PALM COAST, FL 32137	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Post Office Box 352031 Suite, Apt. #, etc.			
City & State Zip Country		City & State Palm Coast, FL 32135 Zip Country		4. FEI Number 20-3157585 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DR # 300 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Fred Annon, Jr. Street Address (P.O. Box Number is Not Acceptable) 7 Florida Park Drive North Palm Coast Property Management City State Zip Code Palm Coast FL 32137	
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: 04-15-2006 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BYAL, TIMOTHY 101 E TOWN PLACE - STE 300 ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Jean A. Taylor Post Office Box 352031 Palm Coast, Florida 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD SIMON, JOHN C 101 EAST TOWN PLACE, STE. 300 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSPD James Haselden Post Office Box 352031 Palm Coast, Florida 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD D. Hunt Hawkins Post Office Box 352031 Palm Coast, Florida 23135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S KEITH, SYLVIA 19 AVENUE DE LA MER PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Stephen Parks Post Office Box 352031 Palm Coast, Florida 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Jack Fretz Post Office Box 352031 Palm Coast, FL 32135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]	<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.					
SIGNATURE: Date: Daytime Phone #					