

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90018 006 ****61.25

DOCUMENT # N98000006169
 1. Entity Name
CAMBRIDGE VILLAGE OWNERS ASSOCIATION, INC.



Principal Place of Business: **862 DUNWOODY PLACE FORT WALTON BEACH FL 32547 US**
 Mailing Address: **PO BOX 1134 MARY ESTHER FL 32569-1134 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number: **59-3544271**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BELL, PATRICIA ANN
862 DUNWOODY PLACE
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006
 9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLARK, EARL	
STREET ADDRESS	810 E. EGLIN PKWY #10	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELL, PATRICIA ANN	
STREET ADDRESS	862 DUNWOODY PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBINS, CARL	
STREET ADDRESS	1021 HIGH GROVE CT.	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHON, ARTHUR	
STREET ADDRESS	896 DUNWOODY PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, THERESA	
STREET ADDRESS	854 DUNWOODY PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHON, ARTHUR	
STREET ADDRESS	896 Dunwoody Place	
CITY-ST-ZIP	Fort Walton Beach FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Arthur W Mahon* 850 967 4299