FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22583

1. Corporation Name

CAMBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
c/o LANG MANAGEMENT CO, INC. 5295 Town Center Rd, Suite 200 Boca Raton, FL 33486	c/o Lang Mgmt 5295 Town Center Rd Suite 200 Boca Raton, FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9/8/87
3a. Date of Last Report:
4. FEI Number: 65-0036804 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
William K. Isaacson Lang Mangement Company Inc 5295 Town Center Road Suite 200 Boca Raton, FL 33486	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jay Cohen DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Seeley, David	12 NAME	
STREET ADDRESS	4078 NW 57 Street	13 STREET ADDRESS	600001491516
CITY-ST-ZIP	Boca Raton, FL 33496	14 CITY-ST-ZIP	-05/17/95--01113--027
TITLE	VPD	21 TITLE	****138.75 ☐ Change ****138.75 ☐ Addition
NAME	Cooper, Robert	22 NAME	
STREET ADDRESS	5755 NW 40 Terrace	23 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	Sine, Albert	32 NAME	
STREET ADDRESS	4091 NW 58 Street	33 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	Cohen, Jay	42 NAME	
STREET ADDRESS	4014 NW 58 Street	43 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Epstein, Richard	52 NAME	
STREET ADDRESS	4023 NW 58 Street	53 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Podolsky, Barry	62 NAME	Add
STREET ADDRESS	3951 NW 58 Place	63 STREET ADDRESS	5-1-95
CITY-ST-ZIP	Boca Raton, FL 33496	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Jay Cohen Treas 4/24/95 (407) 737-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #