


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90046 004 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22583**

1. Corporation Name

**CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

C/O MAHOGANY SERVICES  
2200 CORP BLVD NW 220  
BOCA RATON FL 33431  
US

Mailing Address

C/O MAHOGANY SERVICES  
2200 CORP BLVD NW 220  
BOCA RATON FL 33431  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. C/O MAHOGANY SERVICES		26. C/O MAHOGANY SERVICES		09/18/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22. 3901 N. FEDERAL HWY. SUITE 202		27. 3901 N. FEDERAL HWY. SUITE 202		65-0036804	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. BOCA RATON, FL.		28. BOCA RATON, FL.		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24. 33431		29. 33431		Country	
25. U.S.		30. U.S.			

9. Name and Address of Current Registered Agent

BISHOP, TERESA  
2200 CORPORATE BLVD NE  
SUITE 220  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name	PATTI, PAUL		
82. Street Address (P.O. Box Number is Not Acceptable)	3901 N. Federal Hwy		
83. Suite #	SUITE #202		
84. City	Boca Raton	FL	85. Zip Code
			33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Paul N. Patti* **PAUL N. PATTI PRES. MAHOGANY MGT. INC**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAFF, MORRIS	1.2 NAME	PODOLSKY, BARRY
STREET ADDRESS	4000 NE 57TH STREET	1.3 STREET ADDRESS	3951 N.W. 58TH PL.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL- 33496
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBIL, JAMES	2.2 NAME	NOBIL, JAMES
STREET ADDRESS	5735 NW 40TH WAY	2.3 STREET ADDRESS	5735 N.W. 40TH WAY
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI GIGIORNO, VINCENT	3.2 NAME	SINE, ALBERT
STREET ADDRESS	3935 NW 58 STREET	3.3 STREET ADDRESS	4091 N.W. 58TH ST.
CITY-ST-ZIP	BOCA RATON FL 33496	3.4 CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINE, ALBERT	4.2 NAME	PACIKER, ROBERTA
STREET ADDRESS	4091 NW 58 ST	4.3 STREET ADDRESS	3962 N.W. 58TH ST.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PODOLSKY, BARRY	5.2 NAME	GELL, JULIAN
STREET ADDRESS	3951 N.W. 58TH PLACE	5.3 STREET ADDRESS	5799 N.W. 40TH WAY
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL. 33496
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, BARBARA	6.2 NAME	GELLER, NORMA
STREET ADDRESS	4078 NW 58TH STREET	6.3 STREET ADDRESS	5724 N.W. 39TH AVE.
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON, FL- 33496

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul N. Patti* **SIGNATURE REQUIRED**

1/16/99

Date

Daytime Phone #

CR2E037 (11/98)