

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22583

1. Entity Name

CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90026 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY /STE 202  
BOCA RATON FL 33431  
US

C/O HAWK-EYE MANAGEMENT  
3901 N. FEDERAL HWY/STE 202  
BOCA RATON FL 33431-4509  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0036804

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTIE, PAUL *Patti, PAUL*  
3901 N. FEDERAL HWY  
STE 202  
BOCA RATON FL 33431

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PODOLSKY, BARRY	
STREET ADDRESS	3951 N.W. 58TH PL	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOBIL, JAMES	
STREET ADDRESS	5735 NW 40TH WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DI GIGIORNO, VINCENT	
STREET ADDRESS	3935 NW 58 STREET	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINE, ALBERT	
STREET ADDRESS	4091 NW 58 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PODOLSKY, BARRY	
STREET ADDRESS	3951 N.W. 58TH PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELLER, NORMA	
STREET ADDRESS	5724 N.W. 39TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOLSKY, BARRY	
STREET ADDRESS	3951 N.W. 58TH PL	
CITY-ST-ZIP	BOCA RATON, FL. 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRAPCHAK, WILLIAM	
STREET ADDRESS	3924 NW 58 ST.	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINE, ALBERT	
STREET ADDRESS	4091 NW 58 ST	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JULIAN	
STREET ADDRESS	5799 NW 40TH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33496	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Hrapchak*  
4/4/2000 561-443-6951  
Date Daytime Phone #

CR2E037 (9/99)