

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90010 035 ****61.25

DOCUMENT # N22583 1. Entity Name CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O SEACREST SERVICES 2400 CENTRE PARK W. DR. WEST PALM BEACH, FL 33409 US <i>Prime management</i>		Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W DR #175 WEST PALM BEACH, FL 33409 US <i>Prime management</i>	
2. Principal Place of Business - No P.O. Box # <i>6300 Park of Commerce Blvd</i>		3. Mailing Address <i>6300 Park of Commerce Blvd</i>	
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>	
Zip <i>33487</i>		Zip <i>33487</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0036804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J ESQ REGIONS FINANCIAL TOWER STE 1220 1555 PALM BEACH LAKES BLVD W PALM BEACH, FL 33401-2329		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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-ST-ZIP	TD PODOLSKY, BARRY 3951 N 58TH PLACE BOCA RATON, FL 33496 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>William Cooper</i> <i>5755 NW 40th Ave</i> <i>Boca Raton, FL 33416</i> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HRAPCHAK, WILLIAM 3935 NW 58 STREET BOCA RATON, FL 33496 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGRON, REINALDO 4078 NW 58TH STREET BOCA RATON, FL 33496 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, JULIAN 5799 NW 40TH WAY BOCA RATON, FL 33496 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREISMAN, JASON 5768 NW 38TH AVE BOCA RATON, FL 33496 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Robert J. Cooper</i> <i>3978 NW 57th St.</i> <i>Boca Raton, FL 33416</i> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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: <i>William Hrapchak</i> PRESIDENT <i>6/19/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			