2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N01000000072

Entity Name: CAMBRIDGE AT ABACOA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1930 COMMERCE BLVD
STE. 1
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1930 COMMERCE LN
STE. 1
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-1065248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGLIS, STEVE PCAM
1930 COMMERCE LANE
#1
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: RIZZO, LOUIS
Address: 131 DANFORTH
City-St-Zip: JUPITER, FL 33458

Title: PD ( ) Delete
Name: COPPLE, RYAN
Address: 169 WATERFORD DR
City-St-Zip: JUPITER, FL 33458

Title: VPD ( ) Delete
Name: SAMNGER, JIM
Address: 122 ROCKINGHAM DR
City-St-Zip: JUPITER, FL 33458

Title: PS ( ) Delete
Name: NORTHROP, ANDREA
Address: 114 NEWCASTLE DR
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: BECKER, GREG
Address: 146 NEWCASTLE DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: RIZZO, LOUIS
Address: 131 DANFORTH
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SAHNGER, JIM
Address: 122 ROCKINGHAM DR
City-St-Zip: JUPITER, FL 33458

Title: TD (X) Change ( ) Addition
Name: NORTHROP, ANDREA
Address: 114 NEWCASTLE DR
City-St-Zip: JUPITER, FL 33458

Title: VPD (X) Change ( ) Addition
Name: BECKER, GREG
Address: 146 NEWCASTLE DR
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA NORTHROP TD 04/21/2009

Electronic Signature of Signing Officer or Director — Date