

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000694

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** CAMBRIDGE PARK AT OAKLAND PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC.  
1145 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 20-4208105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BONET, BRIDGETTE  
ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY, SUITE 305  
NORTH BAY VILLAGE, FL 33141

**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: DP ( ) Delete  
Name: HERRERA, MARIA C  
Address: 1145 SAWGRASS CORP. PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: DVT ( ) Delete  
Name: BAJUJA, TERESA  
Address: 1145 SAWGRASS CORP. PKWY.  
City-St-Zip: SUNRISE, FL 33323

Title: DS ( ) Delete  
Name: AVILA, MIGUEL  
Address: 1145 SAWGRASS CORP. PKWY.  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MARIA C HERRERA

DP

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

R/A address updated to reflect last change from 2008 reinstatement