

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002357

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CAMBRIA AT POLOS SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2109 POLO CLUB DRIVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

149 YELLOWBROOK ROAD  
SUITE 111B  
FARMINGDALE, NJ 07727

**New Mailing Address:**

149 YELLOWBROOK ROAD  
SUITE 100  
FARMINGDALE, NJ 07727

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ZARETSKY, LOUIS D. ESQ.  
555 NE 15 ST., STE. 100  
C/O RITTER, ZARETSKY & LIEBER, LLP  
MIAMI, FL 33132 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: DP ( ) Delete  
Name: TEICHMAN, JOSEPH  
Address: 2109 POLO CLUB DR.  
City-St-Zip: KISSIMMEE, FL 34741

Title: DV ( ) Delete  
Name: ROTHBERG, DAVID  
Address: 2109 POLO CLUB DR.  
City-St-Zip: KISSIMMEE, FL 34741

Title: DST ( ) Delete  
Name: KIRSHNER, URI  
Address: 2109 POLO CLUB DR.  
City-St-Zip: KISSIMMEE, FL 34741

**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: JOSEPH TEICHMAN

MGR

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date