FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 26 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18651 (2)

1. Corporation Name
CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
3082 JOG RD. LAKE WORTH FL 33467-2053	3082 JOG RD. LAKE WORTH FL 33467-2053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1987
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2761399 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o CMD Management, Inc.	26 c/o CMD Management, Inc.
Suite, Apt. #, etc. 22 Same	Suite, Apt. #, etc. 27 Same
City & State 23 Same	City & State 28 Same
Zip / Country 24 Same / 25	Zip / Country 29 Same / 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENTHAL, DAVID CMD MANAGEMENT 3082 JOG RD. LAKE WORTH FL 33463	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): Same 83: Same 84 City: Same FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	LEIPZIGER, PHYLLIS	1.2 NAME	Marty Mogland	
STREET ADDRESS	7027 BITTERBUSH PL	1.3 STREET ADDRESS	6932 Bitterbush Place	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	2.1 TITLE	TD	☑ Change ☐ Addition
NAME	KARR, MANNU	2.2 NAME	Manny Karr	
STREET ADDRESS	6956 BITTERBUSH PL	2.3 STREET ADDRESS	6956 Bitterbush Place	
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MARION, GLORIA	3.2 NAME	Paul Shapiro	
STREET ADDRESS	6078 POPASH CT	3.3 STREET ADDRESS	6828 Bitterbush Pl.	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	HARRIS, GIL	4.2 NAME	Gilbert Harris	
STREET ADDRESS	6077 AKKSOUCE DR	4.3 STREET ADDRESS	8077 Allspice Ave.	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	HOEFLING, JACK	5.2 NAME	Chester Gartenberg	
STREET ADDRESS	7012 BITTERBUSH PL	5.3 STREET ADDRESS	6804 Bitterbush Pl.	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	PD	6.1 TITLE		☐ Change ☐ Addition
NAME	MELZER, MARTY	6.2 NAME		
STREET ADDRESS	6039 BITTERBUSH PL	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR

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