

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18651 (2)

1. Corporation Name

CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

% CMD MGMT INC
3082 JOG ROAD
LAKE WORTH FL 33467-2053
US% CMD MGMT INC
3082 JOG ROAD
LAKE WORTH FL 33467-2053
US3. Date Incorporated or Qualified
01/08/19873a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
59-2761399Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, DAVID
CMD MANAGEMENT
3082 JOG RD.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David C. Rosenthal

3/1/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MOGLAND, MARTY
6932 BITTERBUSH PL
BOYNTON BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ROSOFF, PETER
7019 BITTERBUSH
BOYNTON BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARION, GLORIA
8078 POPASH CT
BOYNTON BCH FLTITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ROSENBERG, LARRY
6940 BITTERBUSH
BOYNTON BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARTENBERG, CHESTER
6804 BITTERBUSH PL
BOYNTON BCH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MELZER, MARTY
6939 BITTERBUSH PL
BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Manny Karr
6956 Bitterbush Place
Boynton Beach, FL 334375.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
300002194333
-05/29/97--01004--021
***61.25

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044100

CR2E037 (9/96)