

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18651

1. Entity Name

CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, IN

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90106 047 ****61.25

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
US

2. Principal Place of Business

PHOENIX MANAGEMENT SERVICES, INC

3. Mailing Address

46 Phoenix Mgmt Services, Inc

Suite, Apt. #, etc.

3082 JOG Rd

Suite, Apt. #, etc.

3082 JOG Road

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

59-2761399

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

PHOENIX Mgmt Services, INC

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

3082 JOG Road

City

LAKE WORTH

FL

Zip Code

33467

8. 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

GABE HERNANDEZ

4/17/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, LARRY	
STREET ADDRESS	6940 BITTERBUSH PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSOFF, PETER	
STREET ADDRESS	7019 BITTERBUSH	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARION, GLORIA	
STREET ADDRESS	8078 POPASH CT	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYMAN, JERRY	
STREET ADDRESS	6860 BITTERBUSH PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	GURSKY, BURT	
STREET ADDRESS	6819 BITTERBUSH PLACE	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MELZER, MARTY	
STREET ADDRESS	6939 BITTERBUSH PL	
CITY-ST-ZIP	BOYNTON BCH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

MARTIN MELZER

561-736-9512
4-18-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)