

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90010 004 ****61.25

DOCUMENT # N18651

1. Entity Name

CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

% CMD MGMT INC
 3082 JOG ROAD
 LAKE WORTH FL 33467-2053
 US

Mailing Address

% CMD MGMT INC
 3082 JOG ROAD
 LAKE WORTH FL 33467-2053
 US

2. Principal Place of Business

c/o Campbell Property Management
 Suite, Apt. #, etc.
 3918 Via Poinciana Dr, #9

3. Mailing Address

c/o Campbell Property Management
 Suite, Apt. #, etc.
 3918 Via Poinciana Dr, #9

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-2761399

Applied For

Not Applicable

Zip
 33467

Country

Zip
 33467

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name St John, Dicker, Krivok & Core

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

500 Australian Ave S, Suite 600

City West Palm Beach

FL

Zip Code
 33401

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

David A. Core

DAVID A. CORE, SECRETARY

5/16/01

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

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 BITTERUSH 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 all other like empowered.

SIGNATURE:

James F. Wyman

x 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)