

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90128 028 \*\*\*\*61.25

<b>DOCUMENT # N18651</b>					
1. Entity Name CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR #9 LAKE WORTH, FL 33467 US		Mailing Address % CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR #9 LAKE WORTH, FL 33467 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2761399	Applied For Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ST JOHN COR FICR & LEMME PA CENTURION TOWER SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Joyce Martelli</u>		For the Board		7-5-07.	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTEBURG, DALE 6804 BITTERBUSH PLACE BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe McDonald 6803 Bitterbush Place Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSOFF, PETER 7019 BITTERBUSH BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Patrick Tammany 6779 Bitterbush Place Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARION, GLORIA 8078 POPASH CT BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Durick 6796 Bitterbush Place Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> Director LEVY, STANLEY 6867 BITTERBUSH PL BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete ✓ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stan Schwartz 7028 Bitterbush Place Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURSKY, BURT 6819 BITTERUSH PLACE BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELZER, MARTY 6939 BITTERBUSH PL BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <del>the</del> empowered.					
SIGNATURE: <u>[Signature]</u>				Date: 7/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	