

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N18651 1. Entity Name CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.	
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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
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02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2761399	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ST JOHN COR FICR & LEMME PA CENTURION TOWER SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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.

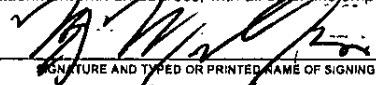
SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	U000008376076 04/11/08-80059-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, JOE 6803 BITTERBUSH PLACE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSOFF, PETER 7019 BITTERBUSH BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARION, GLORIA 8078 POPASH CT BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, STAN 7028 BITTERBUSH PLACE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURSKY, BURT 6819 BITTERUSH PLACE BOYNTON BCH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELZER, MARTY 6939 BITTERBUSH PL BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: 	2-18-08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			