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.

Principal Place of Business	Mailing Address
% CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR #9 LAKE WORTH, FL 33467 US	% 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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000876076
04/11/08-80059-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDONALD, JOE
STREET ADDRESS	6803 BITTERBUSH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD
NAME	ROSOFF, PETER
STREET ADDRESS	7019 BITTERBUSH
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	SD
NAME	MARION, GLORIA
STREET ADDRESS	8078 POPASH CT
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	TD
NAME	SCHWARTZ, STAN
STREET ADDRESS	7028 BITTERBUSH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D
NAME	GURSKY, BURT
STREET ADDRESS	6819 BITTERUSH PLACE
CITY-ST-ZIP	BOYNTON BCH, FL 33437
TITLE	PD
NAME	MELZER, MARTY
STREET ADDRESS	6939 BITTERBUSH PL
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #