

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18651

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% CAMPBELL PROPERTY MGMT  
3918 VIA POINCIANA DR #9  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CAMPBELL PROPERTY MGMT  
3918 VIA POINCIANA DR #9  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

**FEI Number:** 59-2761399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCDONALD, JOE  
Address: 6803 BITTERBUSH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD ( ) Delete  
Name: ROSOFF, PETER  
Address: 7019 BITTERBUSH  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete  
Name: MARION, GLORIA  
Address: 8078 POPASH CT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete  
Name: SCHWARTZ, STAN  
Address: 7028 BITTERBUSH PLACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: GURSKY, BURT  
Address: 6819 BITTERBUSH PLACE  
City-St-Zip: BOYNTON BCH, FL 33437

Title: PD ( ) Delete  
Name: MELZER, MARTY  
Address: 6939 BITTERBUSH PL  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTY MELZER

P

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date