

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90165 007 ****61.25

DOCUMENT # N18651

1. Entity Name

CAMBRIDGE AT ABERDEEN HOMEOWNERS ASSOCIATION, IN C.



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

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST JOHN COR FICR & LEMME PA
500 AUSTRALIN AVE S.
SUITE 600
WEST PALM BEACH FL 33401**

Name

St. John, Core, Fiore & Lemme, PA

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

Centurion Tower Suite 701

1601 Forum Place

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David A. Core

David A. Core, Secretary

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ROSENBERG, LARRY**
STREET ADDRESS **6940 BITTERBUSH PL**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ROSOFF, PETER**
STREET ADDRESS **7019 BITTERBUSH**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MARION, GLORIA**
STREET ADDRESS **8078 POPASH CT**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **LWVYOD, STANLEY**
STREET ADDRESS **6867 BITTERBUSH PL**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GURSKY, BURT**
STREET ADDRESS **6819 BITTERUSH PLACE**
CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MELZER, MARTY**
STREET ADDRESS **6939 BITTERBUSH PL**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☐ 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:

MARGARET J. FLETCHER

Mark L. ... **4-28-03**

CR2E037 (10/02)