

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 MAY -1 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N22583

1. Corporation Name

CAMBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

c/o LANG MANAGEMENT CO, INC.  
5295 Town Center Rd,  
Suite 200  
Boca Raton, FL 33486

c/o Lang Mgmt  
5295 Town Center Rd  
Suite 200  
Boca Raton, FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

9/8/87

4. FEI Number

65-0036804

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William K. Isaacson  
Lang Mangement Company Inc  
5295 Town Center Road Suite 200  
Boca Raton, FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

*Jay Cohen*

Signature (and/or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME Seeley, David  
STREET ADDRESS 4078 NW 57 Street  
CITY - ST - ZIP Boca Raton, FL 33496

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

600001491516  
-05/17/95--01113--027

\*\*\*138.75 \*\*\*138.75

TITLE VPD  
NAME Cooper, Robert  
STREET ADDRESS 5755 NW 40 Terrace  
CITY - ST - ZIP Boca Raton, FL 33496

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE SD  
NAME Sine, Albert  
STREET ADDRESS 4091 NW 58 Street  
CITY - ST - ZIP Boca Raton, FL 33496

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE TD  
NAME Cohen, Jay  
STREET ADDRESS 4014 NW 58 Street  
CITY - ST - ZIP Boca Raton, FL 33496

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE D  
NAME Epstein, Richard  
STREET ADDRESS 4023 NW 58 Street  
CITY - ST - ZIP Boca Raton, FL 33496

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE D  
NAME Podolsky, Barry  
STREET ADDRESS 3951 NW 58 Place  
CITY - ST - ZIP Boca Raton, FL 33496

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

2018  
5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

*Jay Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (40) 730-8800  
Date System Phone #