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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N22583** **(1)**

1. Corporation Name

CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LANG MANAGEMENT 5295 TOWN CENTER ROAD. STE. 200 BOCA RATON FL 33486 US	C/O LANG MANAGEMENT 5295 TOWN CENTER ROAD. STE. 200 BOCA RATON FL 33486-1088 US

3. Date Incorporated or Qualified: **09/18/1987**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0036804** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ISAACSON, WILLIAM K
5295 TOWN CENTER RD.
STE. #200
BOCA RATON FL 33486

10. **Name and Address of New Registered Agent**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAFF, MORRIS		1.2 NAME		
STREET ADDRESS	4000 NE 57TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NOBIL, JAMES		2.2 NAME		
STREET ADDRESS	5735 NW 40TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SINE, ALBERT		3.2 NAME	SINE, ALBERT	
STREET ADDRESS	4091 N.W. 58TH ST.		3.3 STREET ADDRESS	4091 NW 58 ST	
CITY-ST-ZIP	BOCA RATON FL 33496		3.4 CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PTD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, JAY		4.2 NAME		
STREET ADDRESS	4014 NW 58TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EPSTEIN, RICHARD		5.2 NAME		
STREET ADDRESS	4023 NW 58TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	PODOLSIY, BARRY		6.2 NAME	PODOLSKY, BARRY	
STREET ADDRESS	3951 N.W. 58TH PLACE		6.3 STREET ADDRESS	3951 NW 58 PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496		6.4 CITY-ST-ZIP	BOCA RATON FL 33496	

CR2E037 (9/96)

14. I do 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 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 on an attachment with an address.

SIGNATURE: Albert Sine ALBERT SINE, PRES 3.6.97 (561)750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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