## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(1)

## CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address		- -	TITA METATI	<b>FB                                      </b>	
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		Date Incorporated or Qualified	3a. Date of Last R		
					09/18/1987	02/19/19	96
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0036804	Applied For	
21 Suite, Apt. #	t olo	Suite, Apt. #, etc.			03 0030004	- A0 7F	ot Applicable
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Regulred			
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip Country		Zip	<del></del>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25   29   30   9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81 N	√ame		<u> </u>	
ISAACSO	N, WILLIAM K		82 5	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	<u></u>
	WN CENTER RD.				oo (1.0. Dox (tallbol la ffor noop)		
STE. #20			83				
BOCA RA	NTON FL 33486		84 (	City		FL 85 Zip	Code
11 Pursuant to	a the provisions of Sections 617 050	2 and 617 1508 Florida Statute	s the above-n	amed corn	pration submits this statement for the p		ts registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was a	uthorized by th	e corporation	on's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE _	readings with and accept the oblige	thoris of, occitori o triosos, i lo	nga Olalulos.				
SIGNATORE _	Signature, typed or printed name of registered age		Registered Agent s	ignature require		DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D TAFE MODDIO	DELETE	1.1 TITLE	ļ		∟ Change	Addition
NAME	TAFF, MORRIS 4000 NE 57TH STREET		1.2 NAME	20000			
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL		1.3 STREET ADO 1.4 CITY - ST - Z				
TITLE	D	DELETE	2.1 TITLE			Change	Addition
NAME	NOBIL, JAMES		2.2 NAME				
STREET ADDRESS	5735 NW 40TH WAY		2.3 STREET AD	DRESS			'
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY - ST - 1				
TITLE	SD	☐ DELETE	3.1 TITLE	- P.	O AL SERT	Change	Addition
NAME	SINE, ALBERT		3.2 NAME	21	NE, ALBERT 191 NW 58 ST		i
STREET ADDRESS	4091 N.W. 58TH ST.		3.3 STREET ADI	ີ່ 1.1R	OCA RATON FL 33496		
CITY+ST-ZIP TITLE	BOCA RATON FL 33496	DELETE	3.4. CITY-ST-2 4.1 TITLE	ZIP		Change	Addition
NAME	PTD Cohen, Jay		4. 2 NAME	-			racorrore
STREET ADDRESS	4014 NW 58TH STREET		4.3 STREET AD	DRESS			
City-St-ZiP	BOCA RATON FL		4.4 CITY-ST-Z				
TITLE	VPD	DELETE	5.1 TITLE			Change	Addition
NAMÉ	EPSTEIN, RICHARD	/ `	5.2 NAME	1			ļ
STREET ADDRESS	4023 NW 58TH STREET		5.3 STREET ADI	DRESS )			
CITY-ST-ZIP	BOCA RATON FL	- Delete	5.4 CITY-ST-Z				1-1-24
TITLE	D	☐ DELETE	61 TITLE	71	) Malsky Radeu	<b>⊠</b> Change	Addition
NAME	PODOLSIY, BARRY		6.2 NAME	130	DOLSKY BARRY SINW IS PLACE		
STREET ADDRESS	3951 N.W. 58TH PLACE		6.3 STREET ADI	Re	LA RATIN FL 38494		
14. I do hereb	BOCA RATON FL 33496  by certify that the information supplies	d with this filing does not qualif	6.4 City-St-Z y for the exemp	otion stated	In Section 119.07(3)(i), Florida Statute	s. I further certify that	t the
information	n indicated on this annual report or s	supplemental annual report is tr	ue and accura	te and that I	my signature shall have the same lega as required by Chapter 617, Florida S	l effect as if made ur	nder oath; that
	Block 12 or Block 13 if changed, or			, and report	as sequence by Oriapion OTF, Fiblica o	motos, and frat my	· ide i to

SIGNATURE:

**FILED** 

Mar 13 1997 8:00am

Secretary of State