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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22583 (1)
1. Corporation Name
CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business C/O LANG MANAGEMENT 5295 TOWN CENTER ROAD, STE. 200 BOCA RATON FL 33486 US	Mailing Address C/O LANG MANAGEMENT 5295 TOWN CENTER ROAD, STE. 200 BOCA RATON FL 33486 US
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3. Date Incorporated or Qualified 09/18/1987
4. FEI Number 65-0036804
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 c/o MAHOGANY SERVICES Suite, Apt. #, etc. 22 2200 CORP. BLVD. NW 220 City & State 23 BOCA RATON FL Zip 24 33431	2a. Mailing Address 25 c/o MAHOGANY SERVICES Suite, Apt. #, etc. 27 2200 CORP. BLVD. NW 220 City & State 28 BOCA RATON FL Zip 29 33431
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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 BISHOP, TERESA
82 Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD., NW
83 SUITE 220
84 City BOCA RATON FL 85 Zip Code 33431**

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 *J.C. Bishop* DATE **4/20/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TAFF, MORRIS	
STREET ADDRESS	4000 NE 57TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	NOBIL, JAMES	
STREET ADDRESS	5735 NW 40TH WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☒ DELETE
NAME	SINE, ALBERT	
STREET ADDRESS	4091 N.W. 58TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	☐ DELETE
NAME	SINE, ALBERT	
STREET ADDRESS	4091 NW 58 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	☐ DELETE
NAME	PODOLSKY, BARRY	
STREET ADDRESS	3951 N.W. 58TH PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	☐ Change ☒ Addition
1.2 NAME	DI GIGIORNO, VINCENT	
1.3 STREET ADDRESS	3935 NW 58 STREET	
1.4 CITY-ST-ZIP	BOCA RATON FL	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	SHAPIRO, BARBARA	
2.3 STREET ADDRESS	4078 NW 58th STREET	
2.4 CITY-ST-ZIP	BOCA RATON FL	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	TREISMAN, JASON	
3.3 STREET ADDRESS	5768 NW 39th AVENUE	
3.4 CITY-ST-ZIP	BOCA RATON FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* **REQUIRED**

4-21-98

CR2E037 (10/97)