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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22583**

1. Corporation Name

CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MAHOGANY SERVICES<br>2200 CORP BLVD NW 220<br>BOCA RATON FL 33431<br>US | C/O MAHOGANY SERVICES<br>2200 CORP BLVD NW 220<br>BOCA RATON FL 33431<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 C/O HAWK-EYE MANAGEMENT INC | 26 C/O HAWK-EYE MGT, INC. | 09/18/1987 |
| Suite, Apt. #, etc.<br>22 3901 N. FEDERAL HWY SUITE 202 | Suite, Apt. #, etc.<br>27 Suite 202<br>3901 N. Federal Hwy. | 4. FEI Number<br>65-0036804 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 BOCA RATON, FL. | City & State<br>28 BOCA RATON, FL. | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 33431 25 U.S. | Zip / Country<br>29 33431 30 U.S. | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BISHOP, TERESA<br>2200 CORPORATE BLVD NE<br>SUITE 220<br>BOCA RATON FL 33431 | 81 Name PATTI, PAUL<br>82 Street Address (P.O. Box Number is Not Acceptable) 3901 N. Federal Hwy<br>83 Suite #202<br>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 PAUL N. PATTI PRES. HAWK-EYE MGT. INC
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TAFF, MORRIS<br>4000 NE 57TH STREET<br>BOCA RATON FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>PODOLSKY, BARRY<br>3951 N.W. 58th Pl.<br>BOCA RATON, FL. 33496 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOBIL, JAMES<br>5735 NW 40TH WAY<br>BOCA RATON FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | TD<br>NOBIL, JAMES<br>5735 N.W. 40TH Way<br>BOCA RATON, FL. 33496 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DI GIGIORNO, VINCENT<br>3935 NW 58 STREET<br>BOCA RATON FL 33496 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>SINE, ALBERT<br>4091 N.W. 58th ST.<br>BOCA RATON, FL. 33496 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SINE, ALBERT<br>4091 NW 58 ST<br>BOCA RATON FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>PACKER, ROBERTA<br>3962 N.W. 58th St.<br>BOCA RATON, FL. 33496 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PODOLSKY, BARRY<br>3951 N.W. 58TH PLACE<br>BOCA RATON FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>GELL, JULIAN<br>5799 N.W. 40TH WAY<br>BOCA RATON, FL. 33496 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAPIRO, BARBARA<br>4078 NW 58TH STREET<br>BOCA RATON FL | ☑ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>GELLER, NORMA<br>5724 N.W. 39TH AVE.<br>BOCA RATON, FL. 33496 | ☐ Change ☑ Addition |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #