## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # N22583** CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC. 04-05-2001 90091 005 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O HAWK-EYE MANAGEMENT C/O HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY /STE 202 3901 N. FEDERAL HWY/STE 202 C0042547 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0036804 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PATTI, PAUL 3901 N. FEDERAL HWY STE 202 Zip Code **BOCA RATON FL 33431** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITI F **Addition** PODOLSKY, BARRY DANIEL MASTRONARDI NAME NAME DANIEL ... 58 3 5T. 33496 STREET ADDRESS 3951 N.W. 58TH PL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NOBIL, JAMES NAME NAME STREET ADDRESS 5735 NW 40TH WAY STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33496** CITY-ST-ZIP -TITLE D:Delete TITLE Change - Addition = HRAPCHAK, WILLIAM NAME NAME STREET ADDRESS **3935 NW 58 STREET** STREET ADDRESS CITY-ST-7IB **BOCA RATON FL 33496** CITY-ST-ZIP VŊ TITLE ☐ Delete TITLE ☐ Change ☐ Addition SINE, ALBERT NAME 4091 NW 58 ST STREET ADDRESS STREET ADDRESS CITY-ST-78 **BOCA RATON FL 33496** CITY-ST-ZIP SD TITLE ☐ Delete ☐ Change Addition NAME BELL, JULIAN NAME STREET ADDRESS 5799 NW 40TH WAY STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33496** CITY-ST-ZIP X Delete TITLE Change Addition GELLER, NORMA NAME STREET ADDRESS 5724 N.W. 39TH AVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR