2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90091 005 ****61.25

DOCUMENT # N22583

1. Entity Name

CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY /STE 202 BOCA RATON FL 33431 US	C/O HAWK-EYE MANAGEMENT 3901 N. FEDERAL HWY/STE 202 BOCA RATON FL 33431 US

C0042547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

PATTI, PAUL
3901 N. FEDERAL HWY
STE 202
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PODOLSKY, BARRY 3951 N.W. 58TH PL BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL MASTRONARDI 4061 N.W. 58TH ST. BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NOBIL, JAMES 5735 NW 40TH WAY BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HRAPCHAK, WILLIAM 3935 NW 58 STREET BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SINE, ALBERT 4091 NW 58 ST BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, JULIAN 5799 NW 40TH WAY BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELLER, NORMA 5724 N.W. 39TH AVE BOCA RATON FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED William Hrapchak WILLIAM HRAPCHAK 3/31/01 561-443-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #