2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am **DOCUMENT # N22583 Secretary of State** 1. Entity Name 03-31-2002 90054 043 ****61.25 CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC. 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 **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 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PATTI, PAUL 3901 N. FEDERAL HWY **STE 202 BOCA RATON FL 33431** City Zip Code FL 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 ٠ SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MASTRONARDI. DANIEL NAME NAME STREET ADDRESS 4061 NW 58TH ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE. Change ☐ Addition NOBIL, JAMES NAME NAME STREET ADDRESS 5735 NW 40TH WAY STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HRAPCHAK, WILLIAM NAME NAME 3935 NW 58 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SINE, ALBERT NAME NAME STREET ADDRESS 4091 NW 58 ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition **BELL, JULIAN** NAME NAME STREET ADDRESS 5799 NW 40TH WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attaching thin an address, with all other like empowered.

SIGNATURE:

REMILIAM HEADCHAK

3-17-02 561-862-2454