

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22583

1. Entity Name

CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90054 043 \*\*\*\*61.25

0034653

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

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>65-0036804</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |  |                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>PATTI, PAUL</b><br><b>3901 N. FEDERAL HWY</b><br><b>STE 202</b><br><b>BOCA RATON FL 33431</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_

|                                 |                                                                                                                           |                                                      |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MASTRONARDI, DANIEL</b><br><b>4061 NW 58TH ST</b><br><b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>NOBIL, JAMES</b><br><b>5735 NW 40TH WAY</b><br><b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>HRAPCHAK, WILLIAM</b><br><b>3935 NW 58 STREET</b><br><b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>SINE, ALBERT</b><br><b>4091 NW 58 ST</b><br><b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BELL, JULIAN</b><br><b>5799 NW 40TH WAY</b><br><b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *William Hrapchak* **WILLIAM HRAPCHAK** 3-17-02 561-862-2454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)