# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2007 8:00 am**
**Secretary of State**
05-01-2007 90053 034 ****61.25

DOCUMENT # N22583

1. Entity Name
CAMBRIDGE HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ~~HAWK-EYE MANAGEMENT~~<br>~~3901 N. FEDERAL HWY /STE 202~~<br>~~BOCA RATON, FL 33431 US~~ | SEACREST SERVICES, INC<br>2400 CENTRE PARK W DR #175<br>WEST PALM BEACH, FL 33409 US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| c/o Seacrest Services | |
| Suite, Apt. #, etc.<br>2400 Centre Park W. Dr. | Suite, Apt. #, etc. |
| City & State<br>West Palm Beach, FL | City & State |
| Zip 33409 Country US | Zip Country |

01112007 Chg-NP CR2E037 (12/06)

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 | 7. Name and Address of New Registered Agent |
|---|---|
| HRAPCHAK, WILLIAM<br>3924 NW 58 ST<br>BOCA RATON, FL 33496 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PODOLSKY, BARRY<br>3951 N 58TH PLACE<br>BOCA RATON, FL 33496 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HRAPCHAK, WILLIAM<br>3935 NW 58 STREET<br>BOCA RATON, FL 33496 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REINALDO, MEGAN<br>4078 NW 58TH STREET<br>BOCA RATON, FL 33496 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NEGRON, REINALDO | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BELL, JULIAN<br>5799 NW 40TH WAY<br>BOCA RATON, FL 33496 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TREISMAN, JASON<br>5768 NW 38TH AVE<br>BOCA RATON, FL 33496 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

561-703-3369

**SIGNATURE:** William Hrapchak / WILLIAM HRAPCHAK 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #