

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90007 046 ****61.25

DOCUMENT # N34754

1. Entity Name
**CAMBRIDGE AT WYCLIFFE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**GRS MANAGEMENT ASSOCIATES, INC.
3800 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US**

Mailing Address
**GRS MANAGEMENT ASSOCIATES, INC.
3800 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US**

40022950



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0284510

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHENDELL & ASSOCIATES, P.A.
3650 N FEDERAL HIGHWAY #202
LIGHTHOUSE POINT, FL 33064**

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. 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, 2008**

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

TITLE **SD** ☒ Delete
NAME **DAVIDSON, STEVEN**
STREET ADDRESS **4718 CARLTON GOLF DR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **VD** ☐ Delete
NAME **SMITH, WALTER**
STREET ADDRESS **4717 CARLTON GOLF DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **PD** ☐ Delete
NAME **FISH, MICHAEL**
STREET ADDRESS **4750 CARLTON GOLF DR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **TD** ☐ Delete
NAME **FRADKIN, EDWIN**
STREET ADDRESS **4521 CARLTON GOLF DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete
NAME **TOUBIN, MICHAEL**
STREET ADDRESS **4513 CARLTON GOLF DR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DRGEL, ARVIN** ☐ Change ☒ Addition
NAME
STREET ADDRESS **4519 CARLTON GOLF DR**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Toubin, Michael**
STREET ADDRESS **4513 Carlton Golf Dr.**
CITY-ST-ZIP **Wellington, FL 33467**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-5-08

1-561-6418554

PR