

05061999-90018-003-\$61.25-\$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 95000003897

1. Corporation Name
**CAMBRIDGE PARK AT REGENCY LAKES
HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**c/o Campbell Property Management c/o Campbell Property Management
1215 E. HILLSBORO BLVD 1215 E. HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441**

99 JUL 30 AM 11:51

STATE
TALLAHASSEE, FLORIDA

5/10/99 90018/003 \$61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0613397	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
		30		Trust Fund Contribution	

8. Name and Address of Current Registered Agent

**BECKER & BLIAKOFF, P.A.
c/o GARY A. BLIAKOFF, J.D.
3111 STIRLING RD.
FL LAUDERDALE, FL 33312**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	PD	☐ Change	☒ Addition
NAME	EISENMAN, TOREY			1.2 NAME	Joyce M. Karney - President		
STREET ADDRESS	8190 STATE ROAD 84			1.3 STREET ADDRESS	5510 Lake Tern Place		
CITY-ST-ZIP	DAVIE, FL 33324			1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE	VPD	☒ DELETE		2.1 TITLE	VPD	☐ Change	☒ Addition
NAME	WOODRUF, SCOTT			2.2 NAME	KIMBERLY D. BRUCE		
STREET ADDRESS	8190 STATE ROAD 84			2.3 STREET ADDRESS	5522 Lake Tern Place		
CITY-ST-ZIP	DAVIE, FL 33324			2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE	STD	☒ DELETE		3.1 TITLE	SD	☐ Change	☒ Addition
NAME	BLAIR, GREG			3.2 NAME	KAREN CARR		
STREET ADDRESS	8190 STATE RD. 84			3.3 STREET ADDRESS	5511 Lake Tern Ct.		
CITY-ST-ZIP	DAVIE, FL 33324			3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE		☐ DELETE		4.1 TITLE	TD	☐ Change	☒ Addition
NAME				4.2 NAME	JACQUELINE N. LARAMORE, Treasurer		
STREET ADDRESS				4.3 STREET ADDRESS	5519 Lake Tern Court		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE		☐ DELETE		5.1 TITLE	D	☐ Change	☒ Addition
NAME				5.2 NAME	ROBERT TURNER - Director		
STREET ADDRESS				5.3 STREET ADDRESS	6413 Lake Tern Lane		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073		
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE N. LARAMORE, TREASURER

4-19-99 (954) 574-9984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2037 (11/98)