2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # N9500003897 1. Entity Name CAMBRIDGE PARK AT REGENCY LAKES HOMEOWNERS' ASSO 04-26-2001 90091 021 ****61.25 Principal Place of Business Mailing Address % CAMPBELL PROPERTY MANAGEMENT % CAMPBELL PROPERTY MANAGEMENT 1215 E. HILLSBORO BLVD. 1215 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 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 65-0613397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. C/O GARY A. POLIAKOFF, J.D. 3111 STIRLING ROAD Zip Code FT. LAUDERDALE FL 33312 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. 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 Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE PD TITLE ☐ Change Delete NAME NAME KARNEY, JOYCE M STREET ADDRESS STREET ADDRESS 5510 LAKE TERN PLACE CITY-ST-ZiP CITY-ST-ZIP **COCONUT CREEK FL 33073** ☐ Change ■ Addition TITLE VPD ☐ Delete TITLE NAME BRUCE, KIMBERLY D STREET ADDRESS STREET ADDRESS 5522 LAKE TERN PLACE CITY-ST-ZIP CITY-ST-7IP COCONUT_CREEK FL 33073 ☐ Change TITLE **Addition** TITLE SDD X Delete WOSKOBOSNIK, MARTHALILL 5539 LAKE TEEN COURT COCONUT OFFEK, FL NAME NAME CARR, KAREN STREET ADDRESS STREET ADDRESS 5511 LAKE TERN COURT CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Change Addition TITLE ☐ Delete TITLE NAME LARAMORE, JACQUELINE N NAME STREET ADDRESS STREET ADDRESS 5519 LAKE TERN COURT CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 Delete ☐ Change Addition TURNER, ROBERT NAME NAME ATES, MICHELLE 5540 LAKE TERN COURT DOCOMUT CLEEK FL STREET ADDRESS STREET ADDRESS 6413 LAKE TERN LANE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE OF PRINTED NAME OF SKINING OFFICER A DIRECTOR

4/30/01 95/ 457-8770
Date Daying Phone *