

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N15000011004

**Entity Name:** CAMBRIA PARC COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**7851809392CC**

**Current Principal Place of Business:**

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT  
6620 LAKE WORTH RD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT  
6620 LAKE WORTH RD  
LAKE WORTH, FL 33467 US

**FEI Number: 81-1470418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF LEE H. BALLARD, P.A.  
10100 W. SAMPLE ROAD  
THIRD FLOOR  
CORAL SPRINGS, FL 33065 US

*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: LEE BALLARD**

**04/24/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SCHREIBMAN, VALERIE  
Address C/O DAVENPORT PROFESSIONAL  
PROPERTY MANAGEMENT  
6620 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT  
Name EIBESCHITZ, JOSHUA  
Address C/O DAVENPORT PROFESSIONAL  
PROPERTY MANAGEMENT  
6620 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER  
Name CUCINELLO, JOHN  
Address C/O DAVENPORT PROFESSIONAL  
PROPERTY MANAGEMENT  
6620 LAKE WORTH RD  
City-State-Zip: LAKE WORTH FL 33467

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: VALERIE SCHREIBMAN**

**VP**

**04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date