

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011004

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

**FILED**  
**Apr 21, 2022**  
**Secretary of State**  
**0830721339CC**

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
9897 LAKE WORTH ROAD SUITE 304  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
9897 LAKE WORTH ROAD SUITE 304  
LAKE WORTH, FL 33467 US

**FEI Number: 81-1470418**

**Certificate of Status Desired: No**

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

ASSOCIATION LAW GROUP, P.L.  
1200 BRICKELL AVE PH 2000  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CALTEAUX, ROBBIE  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

Title            VICE PRESIDENT  
Name            SCHREIBMAN, ADAM  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY / TREASURER  
Name            EIBESCHITZ, JOSHUA  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            COHEN, ELDAR  
Address        % CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD # 304  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            BROOKS, SAMANTHA  
Address        % CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD # 304  
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: ROBBIE CALTEAUX**

**PRESIDENT**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date