

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

DOCUMENT# N99000004650

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**7251339566CC**

**Entity Name:** CAMBRIDGE CROSSING PHASE 1, PHASE 1A AND PHASE 2  
PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2113 RUBY RED BLVD  
SUITE B  
CLERMONT, FL 34714

**Current Mailing Address:**

2113 RUBY RED BLVD  
SUITE B  
CLERMONT, FL 34714 US

**FEI Number: 59-3622674**

**Certificate of Status Desired: No**

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

PROPERTY MANAGEMENT OF AMERICA LLC DBA EXTREME MANAGEMENT TEAM  
2113 RUBY RED BLVD  
SUITE B  
CLERMONT, FL 34714 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: RICHARD PIZUTTI**

**02/21/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARTER, ROSEMARIE  
Address        2113 RUBY RED BLVD  
                 SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            VP  
Name            RUPP, TODD  
Address        2113 RUBY RED BLVD  
                 SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            SECRETARY  
Name            FEINSTEIN, SCOTT  
Address        2113 RUBY RED BLVD  
                 SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            DIRECTOR  
Name            CANORA, DAVID  
Address        2113 RUBY RED BLVD  
                 SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            TREASURER  
Name            RYAN, DANIEL  
Address        2113 RUBY RED BLVD  
                 SUITE B  
City-State-Zip: CLERMONT FL 34714

*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: ROSEMARIE CARTER**

**PRESIDENT**

**02/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date