

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000004650

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

**FILED  
Aug 03, 2023  
Secretary of State  
6982092809CC**

**Current Principal Place of Business:**

C/O EXTREME MANAGEMENT TEAM  
2113 RUBY RED BLVD. SUITE B  
CLERMONT, FL 34714

**Current Mailing Address:**

C/O EXTREME MANAGEMENT TEAM  
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 D.B.A. EXTREME MANAGEMENT TEAM  
C/O 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 PIZZUTI**

**08/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARTER, ROSEMARIE  
Address        C/O EXTREME MANAGEMENT TEAM  
                  2113 RUBY RED BLVD. SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            VP  
Name            RUPP, TODD  
Address        C/O EXTREME MANAGEMENT TEAM  
                  2113 RUBY RED BLVD. SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            SECRETARY  
Name            FEINSTEIN, SCOTT  
Address        C/O EXTREME MANAGEMENT TEAM  
                  2113 RUBY RED BLVD. SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            DIRECTOR  
Name            CANORA, DAVID  
Address        C/O EXTREME MANAGEMENT TEAM  
                  2113 RUBY RED BLVD. SUITE B  
City-State-Zip: CLERMONT FL 34714

Title            TREASURER  
Name            RYAN, DANIEL  
Address        C/O EXTREME MANAGEMENT TEAM  
                  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**

**08/03/2023**

