FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004223 (4)

1. Corporation Name

TWO CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
6860 TIMBER PINES BLVD SPRING HILL FL 34606	6860 TIMBER PINES BLVD SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993
3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-3205126 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 12228 N. 56 ST.	26 12228 N. 56 ST.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22 C/O VANGUARD MANAGEMENT	27 C/O VANGUARD MANAGEMENT		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
23 TAMPA FL.	28 TAMPA FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33617 25 HILLSBOROUGH	29 33617 30 HILLSBOROUGH		

9. Name and Address of Current Registered Agent

THE VANGUARD MANAGEMENT GROUP
12228 NORTH 56TH STREET
~~[illegible]~~
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name: THE VANGUARD MANAGEMENT GROUP
82 Street Address (P.O. Box Number is Not Acceptable): 12228 N. 56TH STREET
83
84 City: TAMPA FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4-13-95
Signature of and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MILLER, DOROTHY	12 NAME		
STREET ADDRESS	6860 TIMBER PINES BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE	PTD	☒ Change ☐ Addition
NAME	BARBER, NORMAN	22 NAME	SMITH, LYNN	
STREET ADDRESS	6860 TIMBER PINES BLVD	23 STREET ADDRESS	9132 COTSWALD WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	24 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	ST	31 TITLE	TTD	☒ Change ☐ Addition
NAME	LUKASZEWSKI, JOHN L JR	32 NAME	ZWART, MARY	
STREET ADDRESS	6860 TIMBER PINES BLVD	33 STREET ADDRESS	9022 HARROW PLACE	
CITY-ST-ZIP	SPRING HILL FL 34606	34 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
TITLE	D	41 TITLE	STD	☒ Change ☐ Addition
NAME	LIEBEL, BRENDA	42 NAME	REDDY, CECELIA	
STREET ADDRESS	9122 COTSWALD WAY	43 STREET ADDRESS	9112 COTSWALD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E Zwart Treas. 4/18/95 (813) 372-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #