

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004223 (4)

1. Corporation Name

TWO CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, I  
NC.Principal Place of Business Mailing Address  
12228 N. 56 ST 12228 N 56 ST  
C/O VANGUARD MANAGEMENT C/O VANGUARD MANAGEMENT  
TAMPA FL 33617 TAMPA FL 33617-1531  
US US2. Principal Place of Business 2a. Mailing Address  
21 10730 U.S. 19 26 10730 U. S. 19  
Suite, Apt. #, etc. Suite, Apt. #, etc.22 Suite 17 27 Suite 17  
City & State City & State23 Port Richey, FL 28 Port Richey, FL  
Zip Zip Country Country

24 34668 25 Pasco 29 34668 30 Pasco

3. Date Incorporated or Qualified 09/17/1993 3a. Date of Last Report 02/05/1996

4. FEI Number 59-3205126 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

MOYER, BOB  
12228 NORTH 56TH STREET  
TAMPA FL 3361781 Name Qualified Property Management, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. 19  
83 Suite 17  
84 City Port Richey FL 85 Zip Code 34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Russell Beate (Russell Beate) PRESIDENT 3-17-97  
Signature typed or 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE, KELLY	1.2 NAME	
STREET ADDRESS	9103 HARROW PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWART, MARY	2.2 NAME	
STREET ADDRESS	9022 HARROW PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBEL, BRENDA	3.2 NAME	
STREET ADDRESS	9122 COTWALD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/19/97 (813) 372-9575  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0048391

CP2E037 (9/96)