

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004223 (4)**

1. Corporation Name

**TWO CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, I  
NC.**



Principal Place of Business		Mailing Address	
10730 US 19 SUITE 17 PORT RICHEY FL 34668 US		10730 US 19 SUITE 17 PORT RICHEY FL 34668 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	09/17/1993	59-3205126
Suite, Apt. #, etc.		5. Certificate of Status Desired	Applied For
22		27	Not Applicable
City & State		6. Election Campaign Financing	\$8.75 Additional Fee Required
23		28	\$5.00 May Be Added to Fees
Zip	Country	7. Is this nonprofit corporation a homeowners association?	
24	25	29	
30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent			
10. Name and Address of New Registered Agent			

QUALIFIED PROPERTY MANAGEMENT INC  
10730 US 19  
SUITE 17  
PORT RICHEY FL 34668

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	1.1 TITLE	
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	2.1 TITLE	TD
NAME	ZWART, MARY	2.2 NAME	Dusold, Henry
STREET ADDRESS	9022 HARROW PLACE	2.3 STREET ADDRESS	9032 Cotswald
CITY - ST - ZIP	NEW PORT RICHEY FL	2.4 CITY - ST - ZIP	New Port Richey, FL
TITLE	SD	3.1 TITLE	
NAME	LIEBEL, BRENDA	3.2 NAME	
STREET ADDRESS	9122 COTSWALD WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:

*Henry Dusold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henry Dusold*

1/28/98 83-372-6083

Date

Daytime Phone # 0003456

CR2E037 (10/97)