


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 022 ****61.25

DOCUMENT # N93000004223					
1. Entity Name TWO CAMBRIDGE COMMONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US			Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668 US		
2. Principal Place of Business 5609 US 19 Suite E		3. Mailing Address 5609 US 19 Suite E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-3205126	
Zip 34652		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC 10730 US 19 SUITE 17 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name <u>Community Management</u> Street Address (P.O. Box Number is Not Acceptable) 5609 US 19 Suite E City <u>New Port Richey</u> FL Zip Code <u>34652</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> 3/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME WARREN, GENE STREET ADDRESS 9021 WARWICK LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE TD NAME Lew Knowles STREET ADDRESS 9103 Harrow Place CITY-ST-ZIP New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ZWART, JAN STREET ADDRESS 9103 HARROW PLACE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ken Smith STREET ADDRESS 9106 Harrow Place CITY-ST-ZIP New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME KNOWLES, NATALIE STREET ADDRESS 9103 HARROW PLACE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE D NAME Theresa Bonanno STREET ADDRESS 9027 Warwick Lane CITY-ST-ZIP New Port Richey, FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BONNANNO, THERESA STREET ADDRESS 9027 WARWICK LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JEFFRIES, LEE STREET ADDRESS 9015 WARWICK LANE CITY-ST-ZIP NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Gene Warren</u>			3/28/06 727-8169900 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		