

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90006 018 ****61.25

DOCUMENT # N93000004223

1. Entity Name
**TWO CAMBRIDGE COMMONS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5609 US 19
SUITE E
PORT RICHEY, FL 34668 US**

Mailing Address
**5609 US 19
SUITE E
PORT RICHEY, FL 34668 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3205126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMMUNITY MANAGEMENT
5609 US 19
SUITE E
PORT RICHEY, FL 34668**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WARREN, GENE
9021 WARWICK LANE
NEW PORT RICHEY, FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, KEN
9106 HARROW PLACE
NEW PORT RICHEY, FL 34654 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KNOWLES, NATALIE
9103 HARROW PLACE
NEW PORT RICHEY, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BONNANNO, THERESA
9027 WARWICK LANE
NEW PORT RICHEY, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ron Malmgren
9109 Cotswold Way
New Port Richey, FL 34654 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BONNANNO, THERESA
9027 WARWICK LANE
NEW PORT RICHEY, FL 34654 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Phyllis Tryon
9027 Harrow Pl.
New Port Richey, FL 34654 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KNOWLES, LEW
9103 HARROW PLACE
NEW PORT RICHEY, FL 34654 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vp
Ralph Rto
9022 Harrow Pl.
New Port Richey, FL 34654 ☐ Change ☒ 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: Gene Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 President
Date Daytime Phone #