

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90068 011 ****61.25

DOCUMENT # N93000004223

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



Principal Place of Business
~~5600 US-19~~ 8249 Kristel Cir
~~SUITE E~~ Port Richey, FL
PORT RICHEY, FL 34668 US

Mailing Address
~~5600 US-19~~ 8249 Kristel Cir
~~SUITE E~~
PORT RICHEY, FL 34668 US

40000000



DO NOT WRITE IN THIS SPACE

02212008 No Chg-NP

CR2E037 (4/06)

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

Tampa Bay Property
Management
8249 Kristel Circle
Port Richey, FL 34668

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARREN, GENE
STREET ADDRESS	9021 WARWICK LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	ST
NAME	KNOWLES, NATALIE
STREET ADDRESS	9103 HARROW PLACE
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D
NAME	WARREN, RON DONA Warren
STREET ADDRESS	9103 HARROW WAY 9021 Warwick Lane
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	DS
NAME	TRYON, PHYLLIS
STREET ADDRESS	9038 HARROW PL
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	V
NAME	IRTO, RALPH
STREET ADDRESS	9022 HARROW PL
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Eulene Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08
Date

727-
817-1415
Daytime Phone #