

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90444 027 ****61.25

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1. Entity Name

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	WARREN, GENE	
STREET ADDRESS	9021 WARWICK LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	F-	<input checked="" type="checkbox"/> Delete
NAME	EMBRY, GENEVA	
STREET ADDRESS	9051 COTSWALD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWART, JAN	
STREET ADDRESS	9022 HARROW PLACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIMARIA, DOMIANO	
STREET ADDRESS	9027 WARWICK LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSTELLO, ROSALIE	
STREET ADDRESS	9017 COTSWALD WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reaume, Gordon	
STREET ADDRESS	9036 Cotswald Way	
CITY-ST-ZIP	New Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

CR2E037 (10/02)