

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90071 043 \*\*\*\*61.25

DOCUMENT # N04000005296

1. Entity Name

SAN MARINO BAY CONDOMINIUM ASSOCIATION 7, INC.



Principal Place of Business

Mailing Address

P.O. BOX 273708  
TAMPA FL 33688

P.O. BOX 273708  
TAMPA FL 33688

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

20-2371117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, RICHARD E ESQ.  
LARSEN & ASSOCIATES, P.A.  
55 EAST PINE STREET  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name RONALD S. TROWBRIDGE

Street Address (P.O. Box Number is Not Acceptable)  
3421 VALLEY RANCH DR

City LUTZ

FL

Zip Code 33548

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]*

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

(NOTE: Registered Agent signature required when reinstating)

1/29/07

DATE

**FILE NOW: 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

TITLE D ☒ Delete  
NAME OXTAL, RONALD A  
STREET ADDRESS 1102 WEST CASS STREET  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME PD DOUBEK, JAMES  
STREET ADDRESS 18233 CLEAR LAKE DR.  
CITY-ST-ZIP LUTZ, FL 33548

TITLE ☐ Change ☒ Addition  
NAME VPD BOUTELL, WILLIAM  
STREET ADDRESS 10408 LA MIRAGE CT  
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Change ☒ Addition  
NAME STD GERMANA, MICHAEL  
STREET ADDRESS 9520 GREENPOINTE DR  
CITY-ST-ZIP TAMPA, FL 33626

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. DOUBEK 02/21/07

Date

Domestic Phone #