

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12517 (1)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DOMINIQUE ROOT
10406 LA MIRAGE CT.
TAMPA FL 33615

% DOMINIQUE ROOT
10406 LA MIRAGE CT.
TAMPA FL 33615

3. Date Incorporated or Qualified
12/13/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o Wyndover Properties

26 c/o Wyndover Properties, Inc.

65-0082483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 13014 N. Dale Mabry, Ste 333

27 13014 N. Dale Mabry, Ste 333

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33618

25 Hillsborough

29 33618

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROOT, DOMINIQUE
10406 LA MIRAGE CT.
TAMPA FL 33615**

81 Name

James J. Stanley

82

Street Address (P.O. Box Number is Not Acceptable)
12572 Castle Hill Drive

83

84 City

Tampa

FL

85 Zip Code
33624

11. Pursuant to the provisions of Sections 617.0507 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

James J. Stanley Lic. Comm. Assoc. Mgr.

5/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GAHAFFER, DANIEL**
STREET ADDRESS **10406 LA MIRAGE CT.**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE **President/Director** ☐ Change ☒ Addition
1.2 NAME **Arcadia M. Vera**
1.3 STREET ADDRESS **10402 La Mirage Ct.**
1.4 CITY - ST - ZIP **Tampa, FL 33615**

TITLE **D** ☒ DELETE
NAME **BRION ROOT**
STREET ADDRESS **10406 LA MIRAGE CT**
CITY - ST - ZIP **TAMPA FL 33615**

2.1 TITLE **Secretary/Treasurer/Director** ☐ Change ☒ Addition
2.2 NAME **Jaime Vera**
2.3 STREET ADDRESS **10402 La Mirage Ct.**
2.4 CITY - ST - ZIP **Tampa, FL 33615**

TITLE **PD** ☐ DELETE
NAME **ROOT, DOMINIQUE**
STREET ADDRESS **10406 LA MIRAGE CT.**
CITY - ST - ZIP **TAMPA FL**

3.1 TITLE **Vice President/Director** ☐ Change ☒ Addition
3.2 NAME **Dominique Root**
3.3 STREET ADDRESS **same address**
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Opal M. Burns**
4.3 STREET ADDRESS **10412 La Mirage Ct.**
4.4 CITY - ST - ZIP **Tampa, FL 33615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arcadia M. Vera

Arcadia M. Vera

5/11/96

(813) 891-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Bank deposit \$61.25

5/11/96