SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12517

(1)

SAN MARINO BAY CONDOMINIUM 1 ASSOCIATION, INC.

SAN INAMINO DAT CONDOMINION: 1 ASSOCIATION, INC.											
Principal Place of Business			Mailing /	Mailing Address						4 BERST BIBLI BIBLI	1 B1814 B1811 1886
C/O WYNDOVER PROPERTIES, INC. 13014 N. DALE MABRY. STE 336 TAMPA FL 33618			13014 N.	C/O WYNDOVER PROPERTIES, INC. 13014 N. DALE MABRY. STE 336 TAMPA FL 33618					Date Incorporated or Qualified 12/13/1985 FEI Number		Applied For
								1	65-0082483	—	Not Applicable
2. Principal F	Principal Place of Business			2a. Malling Address				5.	Certificate of Status Desired	\$8.75	Additional Regulred
Sulte, Apt. #, etc.			Suite	Suite, Apt. #, etc.				6.	Election Campaign Financing		May Be
City & State			27	· +				Trust Fund Contribution		to Fees	
23			├ ─ ¬ ′	City & State			7.	Is this nonprofit corporation a homeowr	n e rs associati No	on?	
Zip		Country	Zip		Cour	ntry		8.	This corporation owes or has paid the o		ntangihle
24		25	29		30			0.	Personal Property Tax due June 30.	Yes	No
	9. Name	and Address of	Current Registered	Agent				10.	Name and Address of New Registers	ed Agent	
						81	Name				
	ROBERT L				İ	82	Street Addre	ess (P.	O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
1299 MAII	n st				ŀ	83					
ste. F Dunedin	EI 94800										
DUNEDRY	FL 04090					84	City		F	85 Zij	p Code
11. Pursuant t	to the provision	ons of sections 617	7.0502 and 617.1508,	Florida Statutes	the abov	e-na	med corporal	tion su	hmits this statement for the nurnose of o	hanning its re	gistered
office or re agent. I ar	egistered age m familiar wit	ant, or both, in the l th, and accept the	State of Florida. Such obligations of, section	i change was at i 617.0503, Floi	uthorized b rida Statut	oy the .es.	e corporation	n's boa	rd of directors. I hereby accept the appo	i int ment as re	gistered
SIGNATURE											
12.	Signature typed	and the second of the second of the	erad agent and title if applicat			ed Age	ent signature requi				ICIDO IN 40
TITLE	PD	OFFICE	RS AND DIRECTOR	S DELETE	13.	TLE	Di		ADDITIONS/CHANGES TO OFFICERS	Change	
NAME	VERA, AR	CADIA M		N DETELE	1.2 NA		1 12	iscc.	ioni, Seleste_	(A) Onlinge	Addition
STREET ADDRESS		MIRAGE CT.			1.3 STF	REET!	ADDRESS), (047	& St. TropozPlace		
CITY-\$T-ZIP	TAMPA FL				1.4 C/T	ry-st-	1 - 1	a.w	1		
TITLE	STD			DELETE	2.1 TiT	LE	D,			Change	Addition
NAME	VERA, JAII			-	2.2 NA		'				
STREET ADDRESS		MIRAGE CT.					ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL VPD	. 33615		ro/Lac.sac	2.4 CIT 3.1 TIT		ZIP				<u></u>
NAME	ROOT, DO	MINIONE		X DEFETE		LC	i		Maria and the maria and and and the same and	Change	Addition
STREET ADDRESS					■ 3.2 NA	MF	i		- 90000026557	Topange	
CITY-ST-ZIP	THIM OBLA	MIRAGE CT.			3.2 NA 3.3 STR		ADDRESS		- 1 0/08/9801011		
TITLE	TAMPA FL	MIRAGE CT.				REETA	ADDRESS ZIP				
NAME	L			X DELETE	3.3 STR	REET A	ZIP D,	۷P	·10/08/9801011 ***245.00		Addition
	TAMPA FL D Burns, O	PAL M	··· · · · · · · · · · · · · · · · · ·	X DELETE	3.3 STA 3.4 CIT 4.1 TITI 4.2 NAS	REET A TY-ST-2 TLE ME	ZIP D,	VP Shot	·10/08/9801011 ***245.00	047	Addition/
STREET ADDRESS	TAMPA FL D BURNS, O 10412 LA	PAL M MIRAGE CT.		X DELETE	3.3 STR 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STR	REET A TY-ST-2 LE ME REET A	ZIP D,	VP =holi	·10/08/9801011 ***245.00	047	Addition
STREET ADDRESS CITY-ST-ZIP	TAMPA FL D Burns, O	PAL M MIRAGE CT.			3.3 STR 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STR 4.4 CIT	REET A TY-ST-2 TLE ME REET A TY-ST-2	ZIP D, SC ADDRESS 10	chol 1446 Tom	10/08/98-01011	Change	106
STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL D BURNS, O 10412 LA	PAL M MIRAGE CT.		DELETE	3.9 STR 3.4 CIT 4.1 TITI 4.2 NAP 4.3 STR 4.4 CIT 5.1 TITI	REET A TY-ST-2 TLE ME REET A TY-ST-2	ZIP D, SC ADDRESS 10	chol 1446 Tom	10/08/98-01011	047	106
STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL D BURNS, O 10412 LA TAMPA FL	PAL M MIRAGE CT.			3.3 STR 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAI	REET A TY-ST-2 TLE ME REET A TY-ST-2 TLE ME	ZIP D, SC ADDRESS 10	chol 1446 Tom	10/08/98-01011	Change	106
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL D BURNS, O 10412 LA TAMPA FL	PAL M MIRAGE CT.			3.3 STR 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STR	REET A TY-ST-2 TLE ME REET A TY-ST-2 TLE ME REET A	ADDRESS 10	choll 1446 Cam nme 1419	10/08/98-01011	Change	106
STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL D BURNS, O 10412 LA TAMPA FL	PAL M MIRAGE CT.		DELETE	3.3 STR 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAI	REET A TY-ST-2 TLE ME REET A TY-ST-2 TLE ME REET A	ZIP ADDRESS 10 ZIP D EN ADDRESS 10 ZIP ZIP ZIP ZIP ZIP	choll 1446 Tan nme 1419 1311	10/08/98-01011	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL D BURNS, O 10412 LA TAMPA FL	PAL M MIRAGE CT.			3.3 STR 3.4 CIT 4.1 TITI 4.2 NAV 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STR 5.4 CIT	REET A TY-ST-2 TLE ME REET A TY-ST-2 TLE ME REET A TY-ST-2 TLE TY-ST-2	ADDRESS 10	choll 1446 Tan nme 1419 1311	10/08/98-01011	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL D BURNS, O 10412 LA TAMPA FL	PAL M MIRAGE CT.		DELETE	33 STR 3.4 CIT 4.1 TITI 4.2 NAN 4.3 STR 4.4 CIT 5.1 TITI 5.2 NAN 5.3 STR 5.4 CIT 6.1 TITI 6.2 NAN	REET A IY-ST-2 ILE ME REET A IY-ST-2 ILE ME REET A IY-ST-2 ILE ME ME ME	ZIP ADDRESS 10 ZIP D EN ADDRESS 10 ZIP ZIP ZIP ZIP ZIP	choll 1446 Tan nme 1419 1311	10/08/98-01011	Change	Addition

14. Thereby 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 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:

RENATURE AND TYPES OF BRIDE NAME OF SIGNING OFFICER OF DIRECTOR

813-955-9117

Oct 06 1998 8:00am

Secretary of State