

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12518 (9)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 3 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HARBOUR MANAGEMENT
552 MAIN ST
SAFETY HARBOR FL 34695

C/O HARBOUR MANAGEMENT
552 MAIN ST
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified
12/13/1985

3a. Date of Last Report
02/15/1995

2. Principal Place of Business C/O

2a. Mailing Address C/O

21 **WYNDOVER PROPERTIES, INC.**

26 **WYNDOVER PROPERTIES, INC.**

4. FEI Number
59-2908929

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **13014 N DALE MABRY STE 336**

27 **13014 N DALE MABRY STE 336**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **TAMPA FL**

28 **TAMPA FL**

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

Zip

Country

Zip

Country

24 **33618**

25 **USA**

29 **33618**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LERNER, PATRICIA LIEB
606 MADISON STREET
SUITE 2001
TAMPA FL 33602**

81 Name **ROBERT L. TANKEL**
82 Street Address (P.O. Box Number is Not Acceptable)
2655 McCormick Drive
83
84 City **CLEARWATER** FL 85 Zip Code **34619**

11. Pursuant to the provisions of Sections 617.0502 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 617.1503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	DELETE <input checked="" type="checkbox"/>
NAME	ENGLER, COURTNEY	
STREET ADDRESS	10443 LAMIRAGE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	DELETE <input type="checkbox"/>
NAME	TONDELLI, PHYLLIS	
STREET ADDRESS	10431 ST TROPEZ PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	DELETE <input type="checkbox"/>
NAME	MILLS, JACK	
STREET ADDRESS	10450 ST TROPEZ PL	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	LUGRIS, JUDY	
STREET ADDRESS	10448 ST TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	DELETE <input type="checkbox"/>
NAME	SCHUTTE, DAVE	
STREET ADDRESS	10446 ST TROPEZ PL	
CITY-ST-ZIP	TAMPA FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/SECRETARY	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	MARY NASH	
1.3 STREET ADDRESS	10423 ST. TROPEZ PLACE	
1.4 CITY-ST-ZIP	TAMPA, FL 33615	
2.1 TITLE	DIRECTOR	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR/TREASURER	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	MANUEL LUGRIS	
4.3 STREET ADDRESS	10448 ST. TROPEZ PLACE	
4.4 CITY-ST-ZIP	TAMPA, FL 33615	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK MILLS, JR.

3/6/96

855-9187

Daytime Phone #

CR2E037 (12/95)