

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 # N12518 (9)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 3 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WYNDOVER PROPERTIES, INC
13014 N DALE MABRY STE. 336
TAMPA FL 33618
US

C/O WYNDOVER PROPERTIES, INC
13014 N DALE MABRY STE 336
TAMPA FL 33618
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/13/1985

4. FEI Number

59-2908929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE
NAME NASH, MARY
STREET ADDRESS 10423 ST. TROPEZ PLACE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME NASH, JAMES W
STREET ADDRESS 10412 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL

TITLE DP ☐ DELETE
NAME MILLS, JACK
STREET ADDRESS 10450 ST TROPEZ PL
CITY-ST-ZIP TAMPA FL

TITLE DT ☒ DELETE
NAME LUGRIS, MANUEL
STREET ADDRESS 10448 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL

TITLE VP ☒ DELETE
NAME LASHER, RUTH
STREET ADDRESS 10421 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS ☐ Change ☒ Addition
1.2 NAME Luccioni, Selate
1.3 STREET ADDRESS 10478 St Tropez Place
1.4 CITY-ST-ZIP Tampa, FL 33615

2.1 TITLE D, T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D, VP ☐ Change ☒ Addition
4.2 NAME Schulte, David A.
4.3 STREET ADDRESS 10446 St. Tropez Place
4.4 CITY-ST-ZIP Tampa, FL 33615

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Ehmer, Richard W.
5.3 STREET ADDRESS 10419 St. Tropez Place
5.4 CITY-ST-ZIP Tampa, FL 33615

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

14. 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 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

Date

Daytime Phone #

FILED
Oct 06 1998 8:00am
Secretary of State



0006504

CR2E037 (5/98)