FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:24

DOCUMENT # N14939 (5)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 5 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARBOUR MANAGEMENT 552 MAIN STREET SAFETY HARBOR FL 34695	C/O HARBOUR MANAGEMENT 552 MAIN STREET SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1986
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2908930 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~PERZEL, J. THOMAS~~
~~552 MAIN STREET~~
~~509 MAIN ST.~~
~~SAFETY HARBOR FL 34695~~

10. Name and Address of New Registered Agent

31 Name: PATRICIA LEIB LERNER
32 Street Address (P.O. Box Number is Not Acceptable): 6606 MADISON STREET
33: SUITE 2001
34 City: TAMPA FL 35 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Feb 6, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGLER, COURTNEY	1.2 NAME	
STREET ADDRESS	10443 LAMIRAGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	TONDELLI, PHYLLIS	2.2 NAME	
STREET ADDRESS	10431 ST TROPEZ PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, JACK	3.2 NAME	
STREET ADDRESS	10450 ST TROPEZ PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LUGRIS, JUDY	4.2 NAME	
STREET ADDRESS	10448 ST TROPEZ PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHUTTE, DAVE	5.2 NAME	
STREET ADDRESS	10446 ST TROPEZ PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020483