

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 # 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**

3. Date Incorporated or Qualified
05/16/1986

3a. Date of Last Report
02/13/1995

2. Principal Place of Business c/o

2a. Mailing Address c/o

21 **WYNDOVER PROPERTIES, INC.**

26 **WYNDOVER PROPERTIES, INC.**

4. FEI Number
59-2908930

Applied For
Not Applicable

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 LEIB
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, on 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 (Part 14.14)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☒ DELETE
NAME **ENGLER, COURTNEY**
STREET ADDRESS **10443 LAMIRAGE**
CITY- ST- ZIP **TAMPA FL**

TITLE **DS** ☐ DELETE
NAME **TONDELLI, PHYLLIS**
STREET ADDRESS **10431 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 **D** ☒ DELETE
NAME **LUGRIS, JUDY**
STREET ADDRESS **10448 ST TROPEZ PLACE**
CITY- ST- ZIP **TAMPA FL**

TITLE **DV** ☐ DELETE
NAME **SCHUTTE, DAVE**
STREET ADDRESS **10446 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 **DIRECTOR/SECRETARY** ☐ Change ☒ Addition
1.2 NAME **MARY NASH**
1.3 STREET ADDRESS **10423 ST. TROPEZ**
1.4 CITY- ST- ZIP **TAMPA, FL 33615**
2.1 TITLE **DIRECTOR** ☒ 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 **DIRECTOR/TREASURER** ☐ Change ☒ Addition
4.2 NAME **MANUEL LUGRIS**
4.3 STREET ADDRESS **10448 ST. TROPEZ**
4.4 CITY- ST- ZIP **TAMPA, FL 33615**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

JACK MILLS, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96
Date

855-9187
Daytime Phone #

CR2E037 (12/95)