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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14939** (5)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 5 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 33618-2808
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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANKEL, ROBERT L
2655 MCCORMICK DRIVE
SUITE 2001
CLEARWATER FL 34619

81 Name

Robert L. Tankel

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

2651 McCormick Drive, Suite 106

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 617.0503, Florida Statutes.

SIGNATURE **Robert L. Tankel (no signature necessary--change of address only)**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE **DS** ☐ DELETE
NAME **NANSH, MARY**
STREET ADDRESS **10423 ST TROPEZ**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Mary Nash**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **James W. Nash**
2.4 CITY-ST-ZIP **10412 St. Tropez Place**
Tampa, FL 33615

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

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

TITLE **DT** ☐ DELETE
NAME **LUGRIS, MANUEL**
STREET ADDRESS **10448 ST. TROPEZ**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **SCHUTTE, DAVE**
STREET ADDRESS **10446 ST TROPEZ PLACE**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Vice President**
5.3 STREET ADDRESS **Ruth Lasheff**
5.4 CITY-ST-ZIP **10421 St. Tropez Place**
Tampa, FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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

Jack D. Mills, Jr.

4/14/97

(813) 855-9187

Date

Daytime Phone # **0048464**

CR2E037 (9/96)