


FILED
Oct 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
05/16/1986

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. 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

9. Name and Address of Current Registered Agent
TANKEL, ROBERT L.
2651 MCCORMICK DRIVE
SUITE 106
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
NAME NASH, MARY
STREET ADDRESS 10423 ST TROPEZ
CITY-ST-ZIP TAMPA FL
DELETE
TITLE D
NAME NASH, JAMES W.
STREET ADDRESS 10412 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL
DELETE
TITLE DP
NAME MILLS, JACK
STREET ADDRESS 10450 ST TROPEZ PL
CITY-ST-ZIP TAMPA FL
DELETE
TITLE DT
NAME LUGRIS, MANUEL
STREET ADDRESS 10448 ST. TROPEZ
CITY-ST-ZIP TAMPA FL
DELETE
TITLE VP
NAME LASHER, RUTH
STREET ADDRESS 10421 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE DS
1.2 NAME Luciano, Selesle
1.3 STREET ADDRESS 10478 St. Tropez Place
1.4 CITY-ST-ZIP Tampa, FL 33615
2.1 TITLE DT
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE D, VP
4.2 NAME David A. Schutte
4.3 STREET ADDRESS 10446 St. Tropez Place
4.4 CITY-ST-ZIP Tampa, FL 33615
5.1 TITLE D
5.2 NAME Richard W. Ehmer
5.3 STREET ADDRESS 10419 St. Tropez Place
5.4 CITY-ST-ZIP Tampa, FL 33615
6.1 TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/13/98
Davina Phone # 813-855-9167