

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 # **N35907** (7)
1. Corporation Name
SAN MARINO BAY CONDOMINIUM 2 ASSOCIATION, INC.



Principal Place of Business
**C/O HARBOUR MGMT.
552 MAIN ST
SAFETY HARBOR FL 34695
US**

Mailing Address
**C/O HARBOUR MGMT.
552 MAIN ST
SAFETY HARBOR FL 34695
US**

3. Date Incorporated or Qualified
01/03/1990

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

2. Principal Place of Business
21 c/o Wyndover Properties, Inc.

2a. Mailing Address
25 c/o Wyndover Properties, Inc.

4. FEI Number
59-2908931

Applied For
☐ Not Applicable

22 **13014 N. Dale Mabry, Ste 336**

23 **Tampa, FL**

24 **33618**

25 **USA**

26 **13014 N. Dale Mabry Ste 336**

27 **Tampa, FL**

28 **33618**

29 **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**LERNER, PATRICIA LEIB
606 MADISON STREET
SUITE 2001
TAMPA FL 33602**

10. Name and Address of New Registered Agent
**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, 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 **3/6/95**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ 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 ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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** **3/6/96** **855-9187**

DATE: **3/6/96**

DAYTIME PHONE: **855-9187**

CR2E037 (12/95)