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May 08 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 # **N35907** (7)

1. Corporation Name

SAN MARINO BAY CONDOMINIUM 2 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WYNDOVER PROPERTIES, INC
13014 N. DALE MABRY, STE. 336
TAMPA FL 33618
USC/O WYNDOVER PROPERTIES, INC
13014 N. DALE MABRY STE 336
TAMPA FL 33618-2808
US3. Date Incorporated or Qualified
01/03/19903a. Date of Last Report
03/15/1996

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

4. FEI Number

59-2908931

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

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.

Robert L. Tankel (so signature necessary--change of address only)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLS, JACK	
STREET ADDRESS	10450 ST TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TONDELLI, PHYLLIS	
STREET ADDRESS	10431 ST TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ruth Lasher	
2.3 STREET ADDRESS	10421 St. Tropez Place	
2.4 CITY-ST-ZIP	Tampa, FL 33615	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHUTTE, DAVE	
STREET ADDRESS	10446 ST TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	

3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James W. Nash	
3.3 STREET ADDRESS	10412 St. Tropez Place	
3.4 CITY-ST-ZIP	Tampa, FL 33615	

TITLE	S	<input type="checkbox"/> DELETE
NAME	NASH, MARY	
STREET ADDRESS	10423 ST. TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LUGRIS, MANUEL	
STREET ADDRESS	10448 ST TROPEZ PLACE	
CITY-ST-ZIP	TAMPA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jack Mills, Jr.

4/14/97

(813) 855-9187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048462

CR2E037 (9/96)