

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
C/O WYNDOVER PROPERTIES, INC. C/O WYNDOVER PROPERTIES, INC.  
13014 N. DALE MABRY, STE. 336 13014 N. DALE MABRY STE 336  
TAMPA FL 33618 TAMPA FL 33618  
US 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 28 Zip Country 29 Country  
24 25 29 30

3. Date Incorporated or Qualified

01/03/1990

4. FEI Number

59-2908931

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 DR  
STE. 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

FL

85 Zip Code

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 ☐ DELETE

TITLE DP  
NAME MILLS, JACK  
STREET ADDRESS 10450 ST TROPEZ PLACE  
CITY-ST-ZIP TAMPA FL

TITLE VP ☒ DELETE

NAME LASHER, RUTH  
STREET ADDRESS 10421 ST. TROPEZ PL  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME NASH, JAMES W  
STREET ADDRESS 10412 ST. TROPEZ PL  
CITY-ST-ZIP TAMPA FL

TITLE S ☒ DELETE

NAME NASH, MARY  
STREET ADDRESS 10423 ST. TROPEZ PLACE  
CITY-ST-ZIP TAMPA FL

TITLE DT ☒ DELETE

NAME LUGRIS, MANUEL  
STREET ADDRESS 10448 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 ☐ Change ☒ Addition

1.2 NAME D.S. Luccioni, Seleste  
1.3 STREET ADDRESS 10478 St. Tropez Place  
1.4 CITY-ST-ZIP Tampa, FL 33615

2.1 TITLE D.T. ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 100002058729  
3.3 STREET ADDRESS 10/08/98--01011--047  
3.4 CITY-ST-ZIP \*\*\*245.00

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME BVP Schutte, David A  
4.3 STREET ADDRESS 10446 St Tropez Place  
4.4 CITY-ST-ZIP Tampa, FL 33615

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D Ehmer, Richard W  
5.3 STREET ADDRESS 10419 St. Tropez Place  
5.4 CITY-ST-ZIP Tampa, FL 33615

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/98

813-855-9187

CR2E037 (5/98)

FILED  
Oct 06 1998 8:00am  
Secretary of State

