

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45063** (7)  
1. Corporation Name  
**SAN MARINO BAY CONDOMINIUM 4 ASSOCIATION, INC.**



Principal Place of Business <b>HARBOR MGMT. SAFETY HARBOR FL 34695 US</b>	Mailing Address <b>HARBOR MGMT. SAFETY HARBOR FL 34695 US</b>
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3. Date Incorporated or Qualified <b>09/10/1991</b>	3a. Date of Last Report <b>02/13/1995</b>
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2. Principal Place of Business c/o <b>21 WYNDOVER PROPERTIES, INC.</b> Suite, Apt. #, etc.	2a. Mailing Address c/o <b>26 WYNDOVER PROPERTIES, INC.</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3160468</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>22 13014 N DALE MABRY STE 336</b> City & State	<b>27 13014 N DALE MABRY STE 336</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>23 TAMPA FL</b> Zip	<b>28 TAMPA FL</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>24 33618</b> Country <b>25 USA</b>	<b>29 33618</b> Country <b>30 USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>LERNER, PATRICIA LEIB 606 MADISON STREET SUITE 2001 TAMPA FL 33602</b>		10. Name and Address of New Registered Agent <b>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</b>	
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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]* 3/6/95  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST BURKE, RAY 10433 LA MIRAGE COURT TAMPA FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ENGLER, COURTNEY 10443 LA MIRAGE COURT TAMPA FL</b> <input checked="" type="checkbox"/> DELETE <b>XXX</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SECRETARY/DIRECTOR FELICITY GAULARD 10435 LA MIRAGE COURT TAMPA, FL 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV VAN ZANDT, BYRON 10445 LA MIRAGE COURT TAMPA FL</b> <input type="checkbox"/> DELETE <b>XXX</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>DIRECTOR/TREASURER AL SALIERNO 10443 LA MIRAGE COURT TAMPA 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>DIRECTOR/VICE PRESIDENT BRAD NASH 10441 LA MIRAGE COURT TAMPA, FL 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>DIRECTOR LARRY GOODSON 10429 LA MIRAGE COURT TAMPA, FL 33615</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>XXX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **RAYMOND S. BURKE** 3/5/96 855-2698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)