


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N45063 (7)</b> 1. Corporation Name <b>SAN MARINO BAY CONDOMINIUM 4 ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O WYNDOVER PROPERTIES, INC.          13014 N. DALE MABRY STE. 336          TAMPA FL 33618          US</b>			Mailing Address <b>C/O WYNDOVER PROPERTIES, INC.          13014 N DALE MABRY STE 336          TAMPA FL 33618-2808          US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/10/1991</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>03/15/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>59-3160468</b>	
Zip <b>24</b>		Zip <b>29</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>25</b>		Country <b>30</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>TANKEL, ROBERT L          2855 MCCORMICK DRIVE          SUITE 2001          CLEARWATER FL 34619</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)          2651 McCormick Drive, Suite 106          83          84 City Clearwater FL 85 Zip Code 34619</b>		
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 <u>Robert L. Tankel</u> (no signature necessary--change of address only) <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, RAY 10433 LA MIRAGE COURT TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<del>XXXXXX</del> VD Byron Van Zandt 10445 La Mirage Court Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELICITY, GAULARD 10435 LA MIRAGE COURT TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALIERNO, AL 10443 LA MIRAGE COURT TAMPA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<del>XXXXXX</del> SD Helen Barrera 6124 Schooner Way Tampa, FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NASH, BRAD 10441 LA MIRAGE COURT TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<del>XXXXXX</del> PD Brad Nash 10441 La Mirage Court Tampa, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODSON, LARRY 10429 LA MIRAGE COURT TAMPA FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<del>XXXXXX</del> TD Larry Goodson 10429 La Mirage Court Tampa, FL 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Larry L. Goodson</u> 4/14/97 (813) 854-4271					



CR2E037 (9/96)