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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O WYNDOVER PROPERTIES, INC. 13014 N. DALE MABRY STE. 336 TAMPA FL 33618 US	Mailing Address C/O WYNDOVER PROPERTIES, INC. 13014 N DALE MABRY STE 336 TAMPA FL 33618 US
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3. Date Incorporated or Qualified 09/10/1991	
4. FEI Number 59-3160468	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year, intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent TANKEL, ROBERT L 2651 MCCORMICK DR. STE. 108 CLEARWATER FL 34619
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10. Name and Address of New Registered Agent 81 Name Tankel, Robert L. 82 Street Address (P.O. Box Number is Not Acceptable) 1299 Main Street, Suite F 83 84 City Dunedin 85 Zip Code FL 34698

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD ZANDT, BYRON XXX DELETE
NAME	10445 LA MIRAGE CT. TAMPA FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD BARRERA, HELEN XXX DELETE
NAME	6124 SCHOONER WAY TAMPA FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PD NASH, BRAD XXX DELETE
NAME	10441 LA MIRAGE COURT TAMPA FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD GOODSON, LARRY XXX DELETE
NAME	10429 LA MIRAGE COURT TAMPA FL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jack D. Mills, Jr.
1.3 STREET ADDRESS	10450 St. Tropez Place
1.4 CITY-ST-ZIP	Tampa, FL 33615
2.1 TITLE	Vice President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David A. Schutte
2.3 STREET ADDRESS	10446 St. Tropez Place
2.4 CITY-ST-ZIP	Tampa, FL 33615
3.1 TITLE	Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry L. Goodson
3.3 STREET ADDRESS	10429 La Mirage Court
3.4 CITY-ST-ZIP	Tampa, FL 33615
4.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Arcadia Vera
4.3 STREET ADDRESS	10402 La Mirage Court
4.4 CITY-ST-ZIP	Tampa, FL 33615
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Selesthe Luccioni
5.3 STREET ADDRESS	10478 St. Tropez Place
5.4 CITY-ST-ZIP	Tampa, FL 33615
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 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 in an attachment with an address.

SIGNATURE: *Jack D. Mills, Jr.* Jack D. Mills, Jr. 4/14/98 813-855-0187

CR2E037 (10/97)