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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90073 015 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N45063**

1. Corporation Name

**SAN MARINO BAY CONDOMINIUM 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



2. Principal Place of Business

21 **c/o - the Trowbridge company, inc.**  
Suite, Apt. #, etc.  
22 **P.O. Box 273708**

2a. Mailing Address

26 **P.O. Box 273708**  
Suite, Apt. #, etc.  
27

3. Date Incorporated or Qualified

**09/10/1991**

4. FEI Number

**59-3160468**

Applied For  
Not Applicable

City & State

23 **Tampa, FL**

City & State

28 **Tampa, FL**

Zip

24 **33688**

Country

25 **US**

Zip

29 **33688**

Country

30 **US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L**  
**1299 MAIN STREET SUITE F**  
**DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name **the Trowbridge Company, inc**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3421 Valley Ranch Drive**  
83  
84 City **Lutz** FL 85 Zip Code **33549**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **MILLS, JR J D**  
CITY-ST-ZIP **10450 ST TROPEZ PLACE**  
**TAMPA FL 33615**

TITLE ☐ DELETE

NAME **VPD**  
STREET ADDRESS **SCHUTTE, DAVID A**  
CITY-ST-ZIP **10446 ST TROPEZ PLACE**  
**TAMPA FL 33615**

TITLE ☒ DELETE

NAME **TD**  
STREET ADDRESS **GOODSON, LARRY L**  
CITY-ST-ZIP **10429 LA MIRAGE COURT**  
**TAMPA FL 33615**

TITLE ☒ DELETE

NAME **SD**  
STREET ADDRESS **VERA, ARCADIA**  
CITY-ST-ZIP **10402 LA MIRAGE COURT**  
**TAMPA FL 33615**

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **LUCCIONI, SELESTE**  
CITY-ST-ZIP **10478 ST TROPEZ PLACE**  
**TAMPA FL 33615**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **T/D**  
STREET ADDRESS **Nash, James W.**  
CITY-ST-ZIP **10414 St. Tropez Place**  
**Tampa, FL 33615**

2.1 TITLE ☐ Change ☒ Addition

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/99 . 813-264-1119**

Date

Daytime Phone #

CR2E037 (11/98)