

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45063

1. Entity Name

SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90089 039 ****61.25

Principal Place of Business

Mailing Address

C/O THE TROWBRIDGE COMPANY INC
P O BOX 273708
TAMPA FL 33688
US

P O BOX 273708
TAMPA FL 33688-3708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3160468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE TROWBRIDGE COMPANY, INC.
~~THE TROWBRIDGE COMPANY INC~~
3421 VALLEY RANCH DRIVE
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME NASH, JAMES W
STREET ADDRESS 10414 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EHMER, RICHARD W
STREET ADDRESS 10419 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME LUCCIONI, SELESTE
STREET ADDRESS 10478 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack D. Mills,
President

1/10/00 813-264-1119

Date

Daytime Phone #

CR2E037 (9/99)