

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45063

1. Entity Name

SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC.

FILED

Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90153 015 \*\*\*\*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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3160468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Jack D. Mills, Jr.*  
President

2/11/02

813-264-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)