

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90065 043 ****61.25

DOCUMENT # N45063

1. Entity Name

SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

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.
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE TD
NAME GOODSON, LUCILLE ☐ Delete
STREET ADDRESS 10429 LA MIRAGE CT.
CITY-ST-ZIP TAMPA FL 33615

TITLE VPD
NAME DOUBEK, JAMES ☐ Delete
STREET ADDRESS 10424 ST TROPEZ PLACE
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D
NAME LASHER, RUTH ☒ Delete
STREET ADDRESS 10421 ST. TROPEZ PLACE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D ☐ Change ☒ Addition
NAME Oxtal, Ron
STREET ADDRESS 1102 W. Cass Street
CITY-ST-ZIP Tampa, FL 33606

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-264-1119