

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90254 031 \*\*\*\*61.25

**DOCUMENT # 145063**

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

1st MOORE

CR2E037 (10/05)

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, 2006**

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

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

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

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

TITLE D ☒ Delete  
NAME OXTAL, RON  
STREET ADDRESS 1102 W. CASS STREET  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE PD ☒ Change ☐ Addition  
NAME DOUBEK, JAMES  
STREET ADDRESS 19233 CLEVELAND DR.  
CITY-ST-ZIP LUTZ, FL 33548

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

TITLE VPD ☒ Change ☒ Addition  
NAME ENMER, YVONNE  
STREET ADDRESS 10419 ST. TROPEZ PL  
CITY-ST-ZIP TAMPA, FL 33615

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 exemptions contained in Section 119, 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:

*James A. Doubek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #