


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90098 004 \*\*\*\*61.25

<b>DOCUMENT # N45063</b> 1. Entity Name <b>SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3684 TAMPA RD STE 6</b> <b>OLDSMAR, FL 34677 US</b>			Mailing Address <b>3684 TAMPA RD STE 6</b> <b>OLDSMAR, FL 34677 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3160468</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HERITAGE PROPERTY MANAGEMENT, INC.</b> <b>3684 TAMPA RD STE 6</b> <b>OLDSMAR, FL 34677</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, JR J D</b>		NAME	<b>LASHER, RUTH</b>	
STREET ADDRESS	<b>10450 ST TROPEZ PLACE</b>		STREET ADDRESS	<b>10421 ST. TROPEZ PL.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>		CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOODSON, LUCILLE</b>		NAME		
STREET ADDRESS	<b>10429 LA MIRAGE CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOUBEK, JAMES</b>		NAME		
STREET ADDRESS	<b>18233 CLEAR LAKE DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 33548</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUCCIONI, SELESTE</b>		NAME		
STREET ADDRESS	<b>10478 ST TROPEZ PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EMMER, YVONNE</b>		NAME		
STREET ADDRESS	<b>10419 ST. TROPEZ PL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33615</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>James A. Doube</i>			3-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAMES DOUBEK</b>			Date Daytime Phone #		