2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 06, 2007 DOCUMENT# N45063 Secretary of State

Entity Name: SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3684 TAMPA RD STE 6 1799-N NORTH BELCHER ROAD OLDSMAR, FL 34677 CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

3684 TAMPA RD STE 6 P.O. BOX 14357

OLDSMAR, FL 34677 US CLEARWATER, FL 33766 US

FEI Number: 59-3160468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERITAGE PROPERTY MANAGEMENT, INC. AMERI-TECH REALTY, INC 3684 TAMPA RD STE 6 1799-B NORTH BELCHER ROAD OLDSMAR, FL 34677 CLEARWATER, FL 33765

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: MICHAEL G PEREZ, PRESIDENT 07/06/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition MILLS, JR J D Name: Name:

10450 ST TROPEZ PLACE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

DOUBEK, JAMES Name: Name: Address: 18233 CLEAR LAKE DR. Address: City-St-Zip: LUTZ, FL 33548 City-St-Zip:

Title: () Delete Title: () Change () Addition

LUCCIONI, SELESTE Name: Name: 10478 ST TROPEZ PLACE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

Name: EMMER, YVONNE Name: Address: 10419 ST. TROPEZ PL Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

Title: () Delete Title: () Change () Addition

LASHER, RUTH Name: Name: 10421 ST TROPEZ PL Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES DOUBEK PD 07/06/2007