2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45063

FILED Mar 26, 2009 Secretary of State

Entity Name: SAN MARINO BAY CONDOMINIUMS ASSOCIATION, INC

Littley iva	IIIe. OAN WAN	TINO BAT CONDOMINIONS A	4330CIATION, INC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1799-N NORTH BELCHER ROAD CLEARWATER, FL 33765 US				10473 ST TROPEZ PLACE TAMPA, FL 33615 US		
Current Mailing Address:			New Mailir	New Mailing Address:		
P.O. BOX 14357 CLEARWATER, FL 33766 US				P.O. BOX 273708 TAMPA, FL 33688 US		
FEI Number	: 59-3160468	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
THE TROWBRIDGE COMPANY,INC. 3421 VALLEY RANCU DR. LUTZ, FL 33548 US			3421 VALLI	THE TROWBRIDGE COMPANY,INC. 3421 VALLEY RANCH DR. LUTZ, FL 33548 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing it	ts registered office or registered agent, or both		
SIGNATURE:				03/26/2009		
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	VD () MILLS, JR J D 10450 ST TROF TAMPA, FL 336		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () DEJUTE, JUDY 10431 ST, TRO TAMPA, FL 336	PEZ PL	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () JENKINS, KENN 10410 LAMIFAC TAMPA, FL 336	SE CT.	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition JENKINS, KENNY 10410 LA MIRAGE CT. TAMPA, FL 33615		
Title: Name: Address: City-St-Zip:	TD () BOUTELL, WIL 10442 ST. TRO TAMPA, FL 336	PEZ PL	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () WALTER, KEITI 10430 DAMIRR TAMPA, FL 336	AGE CT.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WALTER, KEITH 10430 LA MIRAGE CT. TAMPA, FL 33615		

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: JODY DEJUTE PD 03/26/2009