

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 716921 (2)

1. Corporation Name  
**BAYWAY ISLES - POINT BRITTANY THREE CORPORATION, INC.**

Principal Place of Business Mailing Address  
**5101 BRITTANY DR. SOUTH ST PETERSBURG FL 33715** **5101 BRITTANY DR. SOUTH ST PETERSBURG FL 33715**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1969** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1514593** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$6.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
24 City 25 Country 29 City 30 Country

9. Name and Address of Current Registered Agent  
**SHIPHORST, ANDREA L.  
5101 BRITTANY DRIVE, SO  
ST PETERSBURG FL 33715**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>ARONSON, AL</b>	11 TITLE <b>PD</b>	<b>Parker, Robert</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5130 BRITTANY DRIVE, SOUTH</b>	12 NAME	<b>5130 Brittany Drive, South</b>
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	13 STREET ADDRESS	<b>St. Petersburg, Fl. 33715</b>
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE <b>VD</b>	<b>MILNE, JOHN</b>	21 TITLE <b>VD</b>	<b>Hughes, Reva</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5130 BRITTANY DRIVE, SOUTH</b>	22 NAME	<b>5130 Brittany Drive, South</b>
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	23 STREET ADDRESS	<b>St. Petersburg, Fl. 33715</b>
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE <b>TD</b>	<b>MANLEY A GERTRUDE</b>	31 TITLE	
NAME	<b>5130 BRITTANY DRIVE, SOUTH</b>	32 NAME	
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE <b>SD</b>	<b>HUGHES, REVA</b>	41 TITLE <b>SD</b>	<b>Skane, Patricia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5130 BRITTANY DRIVE, SOUTH</b>	42 NAME	<b>5130 Brittany Drive, South</b>
STREET ADDRESS	<b>ST. PETERSBURG FL</b>	43 STREET ADDRESS	<b>St. Petersburg, Fl. 33715</b>
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE <b>ADT</b>	<b>SKANE, PATRICIA</b>	51 TITLE <b>D</b>	<b>Bell, Esther</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5130 BRITTANY DR S</b>	52 NAME	<b>5130 Brittany Drive, South</b>
STREET ADDRESS	<b>ST. PETERSBURG, FL 00000</b>	53 STREET ADDRESS	<b>St. Petersburg, Fl. 33715</b>
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Gertrude Manley Apr 11 27, 1995 813-866-2655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)