

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716921 (2)
1. Corporation Name

BAYWAY ISLES - POINT BRITTANY THREE CORPORATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/25/1969	05/01/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-1514593	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHIPHORST, ANDREA L. 5101 BRITTANY DRIVE, SO ST PETERSBURG FL 33715				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT	1.2 NAME	
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, REVA	2.2 NAME	Manley, A. Gertrude
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	2.3 STREET ADDRESS	5130 Brittany Drive, South
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	St. Petersburg, FL. 33715
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANLEY A GERTRUDE	3.2 NAME	Bell, Esther
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	3.3 STREET ADDRESS	5130 Brittany Drive, South
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL. 33715
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKANE, PATRICIA	4.2 NAME	Cardonick, Ann
STREET ADDRESS	5130 BRITTANY DRIVE	4.3 STREET ADDRESS	5130 Brittany Drive, South
CITY-ST-ZIP	ST. PETE FL	4.4 CITY-ST-ZIP	St. Petersburg, FL. 33715
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ESTHER	5.2 NAME	
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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 April 25, 1996 813-866-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)