

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33715-1565
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/25/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1514593	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input type="checkbox"/> No	

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)
5055 Brittany Drive S.

83

84 City **St. Petersburg,** **FL** **85** Zip Code **33715**

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	1.1 TITLE	President
NAME	PARKER, ROBERT	1.2 NAME	Gunnar S. Redin
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	1.3 STREET ADDRESS	5130 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	VD	2.1 TITLE	Vice President
NAME	MANLEY, A. GERTRUDE	2.2 NAME	Gertrude A. Manley
STREET ADDRESS	5130 BRITTANY DRIVE SOUTH	2.3 STREET ADDRESS	5130 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	TD	3.1 TITLE	Treasurer
NAME	BELL, ESTHER	3.2 NAME	Esther Bell
STREET ADDRESS	5130 BRITTANY DRIVE SOUTH	3.3 STREET ADDRESS	5130 Brittany Drive S.
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D	4.1 TITLE	Secretary
NAME	CARDONICK, FANN	4.2 NAME	Patricia Skane
STREET ADDRESS	5130 BRITTANY DRIVE, SOUTH	4.3 STREET ADDRESS	5130 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Bruce Jacobson
STREET ADDRESS		5.3 STREET ADDRESS	5130 Brittany Drive S.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gunnar S. Redin	
1.3 STREET ADDRESS	5130 Brittany Drive S.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gertrude A. Manley	
2.3 STREET ADDRESS	5130 Brittany Drive S.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Esther Bell	
3.3 STREET ADDRESS	5130 Brittany Drive S.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patricia Skane	
4.3 STREET ADDRESS	5130 Brittany Drive S.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bruce Jacobson	
5.3 STREET ADDRESS	5130 Brittany Drive S.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Esther Bell* **SIGNATURE REQUIRED** **4/23/97 (813) 866-2655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051099

CR2E037 (9/96)