


FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90201 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 716921					
1. Corporation Name BAYWAY ISLES - POINT BRITTANY THREE CORPORATION, INC.					
Principal Place of Business 5130 BRITTANY DR. SOUTH ST PETERSBURG FL 33715			Mailing Address 5055 BRITTANY DR S. ST PETERSBURG FL 33715		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/25/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1514593	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHIPHORST, ANDREA L. 5055 BRITTANY DR ST PETERSBURG FL 33715				81 Name ERDMAN, STEPHANIE			
				82 Street Address (P.O. Box Number is Not Acceptable) 5055 BRITTANY DR 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 Stephanie Erdman **STEPHANIE ERDMAN, GEN. MGR, 4-8-99** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE NAME GUNNAR, REDIN STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715				1.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME MURPHY, JOHN 1.3 STREET ADDRESS 5130 BRITTANY DR S. 1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715			
TITLE VPD <input type="checkbox"/> DELETE NAME MANLEY, A. GERTRUDE STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE TD <input checked="" type="checkbox"/> DELETE NAME BELL, ESTHER STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715				3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME BRODERICK, SHELLA 3.3 STREET ADDRESS 5130 BRITTANY DR. S. 3.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715			
TITLE ASD <input type="checkbox"/> DELETE NAME JACOBSON, BRUCE STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> DELETE NAME SKANE, PATRICIA STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 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, with all other like empowered.

SIGNATURE: John R. Murphy **JOHN R. MURPHY** 4-8-99 (727) 867-8521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)