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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/25/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1514593
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHIPHORST, ANDREA L. 5055 BRITTANY DR ST PETERSBURG FL 33715	10. Name and Address of New Registered Agent 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
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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
Signature, typed or printed name of registered agent and title if applicable. (NO. 1: Registered Agent signature required when reinstating)

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
TITLE VPD	<input type="checkbox"/> DELETE NAME MANLEY, A. GERTRUDE STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715	1.2 NAME MURPHY, JOHN 1.3 STREET ADDRESS 5130 BRITTANY DR S. 1.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input checked="" type="checkbox"/> DELETE NAME BELL, ESTHER STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ASD	<input type="checkbox"/> DELETE NAME JACOBSON, BRUCE STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715	2.2 NAME BRODERICK, SHELLA 2.3 STREET ADDRESS 5130 BRITTANY DR. S. 2.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> DELETE NAME SKANE, PATRICIA STREET ADDRESS 5130 BRITTANY DR., SOUTH CITY-ST-ZIP ST PETERSBURG FL 33715	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)