FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719136** **(4)**

1. Corporation Name

BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **08/17/1970**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1514594** ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation files annually for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

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 _____ 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	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~FRITZ, HARVEY~~	12 NAME	Horn, Dr. George	
STREET ADDRESS	~~5200 BRITTANY DRIVE, SOUTH~~	13 STREET ADDRESS	5200 Brittany Drive, South	
CITY ST ZIP	~~ST PETERSBURG FL~~	14 CITY ST ZIP	St. Petersburg, Fl. 33715	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	~~MAXWELL, DONALD~~	22 NAME	Nichols, William L.	
STREET ADDRESS	~~5200 BRITTANY DR., SOUTH~~	23 STREET ADDRESS	5200 Brittany Drive, South	
CITY ST ZIP	~~ST PETERSBURG FL~~	24 CITY ST ZIP	St. Petersburg, Fl. 33715	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	~~COOPER, DOROTHY~~	32 NAME	Smith, John R.	
STREET ADDRESS	~~5200 BRITTANY DRIVE, SOUTH~~	33 STREET ADDRESS	5200 Brittany Drive, South	
CITY ST ZIP	~~ST PETERSBURG FL~~	34 CITY ST ZIP	St. Petersburg, Fl. 33715	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	BULLER, JOSEPH	42 NAME		
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	43 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NEWMAN, ROSLYN	52 NAME		
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	53 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HOLDEN, TED	62 NAME		
STREET ADDRESS	5200 BRITTANY DR S	63 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL	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 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: _____ April 27, 1995 813-866-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William L. Nichols, Vice President

0014700