

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 # 719136 (4)  
1. Corporation Name  
BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM C  
ORPORATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/17/1970		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1514594		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
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 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	<del>HORN, DR G</del>	1.2 NAME	Horn, Dr. George
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETE FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	D
NAME	NICHOLS, WILLIAM L	2.2 NAME	Sabatella, Raymond F.
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	2.3 STREET ADDRESS	5200 Brittany Drive, South
CITY - ST - ZIP	ST. PETE FL	2.4 CITY - ST - ZIP	St. Petersburg, Fl. 33715
TITLE	SD	3.1 TITLE	
NAME	SMITH, JOHN R	3.2 NAME	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETE FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	<del>BULLER, JOSEPH</del>	4.2 NAME	Bullers, Joseph W.
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	D
NAME	<del>NEWMAN, ROSLYN</del>	5.2 NAME	Kerr, Berneice
STREET ADDRESS	<del>5200 BRITTANY DRIVE, SOUTH</del>	5.3 STREET ADDRESS	5200 Brittany Drive, South
CITY - ST - ZIP	<del>ST PETERSBURG FL</del>	5.4 CITY - ST - ZIP	St. Petersburg, Fl. 33715
TITLE	D	6.1 TITLE	D
NAME	<del>HOLDEN, TED</del>	6.2 NAME	Meyer, Chapman G.
STREET ADDRESS	<del>5200 BRITTANY DR G</del>	6.3 STREET ADDRESS	5200 Brittany Drive, South
CITY - ST - ZIP	<del>ST PETERSBURG FL</del>	6.4 CITY - ST - ZIP	St. Petersburg, Fl. 33715

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:

*Joseph W. Bullers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996

Date

813-866-2655

Daytime Phone

CR2E037 (12/95)