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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 # **719136** (4)

1. Corporation Name

BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM CORPORATION, INC.

Principal Place of Business

Mailing Address

**5101 BRITTANY DR., SOUTH
ST PETERSBURG FL 33715****5101 BRITTANY DR., SOUTH
ST PETERSBURG FL 33715-1565**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1970	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1514594	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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

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)

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

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 HORN, DR. GEORGE	1.1 TITLE	President
NAME	HORN, DR. GEORGE	1.2 NAME	Raymond F. Sabatella
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	1.3 STREET ADDRESS	5200 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	VD NICHOLS, WILLIAM L	2.1 TITLE	Vice President
NAME	NICHOLS, WILLIAM L	2.2 NAME	Rosemary Cooper
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	2.3 STREET ADDRESS	5200 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	SD SMITH, JOHN R	3.1 TITLE	Treasurer
NAME	SMITH, JOHN R	3.2 NAME	Joseph W. Bullers
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	3.3 STREET ADDRESS	5200 Brittany Drive S.
CITY-ST-ZIP	ST. PETE FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	TD BULLERS, JOSEPH W.	4.1 TITLE	Secretary
NAME	BULLERS, JOSEPH W.	4.2 NAME	Chapman G. Meyer
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	4.3 STREET ADDRESS	5200 Brittany Drive S.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D KERR, BERNEICE	5.1 TITLE	Director
NAME	KERR, BERNEICE	5.2 NAME	James E. Hencken
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	5.3 STREET ADDRESS	5200 Brittany Drive S.
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D MEYER, CHAPMAN G.	6.1 TITLE	
NAME	MEYER, CHAPMAN G.	6.2 NAME	
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/23/97 (83) 866-2655**
Date Daytime Phone # 0051088

CR2E037 (9/96)