FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 71913

(4)

BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM C ORPORATION, INC.

Principal Place of Business Mailing Address

FILED
May 28 1998 8:00am
Secretary of State



5101 BRITTANY DR., SOUTH ST PETERSBURG FL 33715		5101 BRITTANY DR., SOUTH ST PETERSBURG FL 33715			3. Date Incorporated or Qualified 08/17/1970		
:						ied For	
2 Principal P	lace of Business	On Mailing Address			59-1514594 Not A	Applicable	
21 5200	Brittany Drive S				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	·	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	6 	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip 24	Country Zip Cou			ry	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer	it Registered Agent	jistered Agent		10. Name and Address of New Registered Agent		
81 Name							
SHIPHORST, ANDREA L.				82 Street Address (P.O. Box Number is Not Acceptable)			
5055 BR			3,100,	ABOUT TO BOX HUMBOT IS NOT ACCOPTABILITY			
ST PETE	ERSBURG FL 33715		8	3	600002543956		
				4 City	-06/02/980103101986 zipco ***367-50		
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							
12.	Signature, typed or printed name of registered ago OFFICERS ANI		E: Rogistered A	gent signature	required when reinstaining) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	11140	
TITLE	PD	DELETE	1.1 TITLE			Addition	
NAME	HORN, DR. GEORGE	A DECIS	1.2 NAM		- · ·	NUOHIURI	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUT	ዝ		ET ADDRESS	SHAVER, AL		
CITY-ST-ZIP	ST. PETE FL	•••			5200 BRITTANY DRIVE SOUTH ST. PETERSBURG, FL	ĺ	
TITLE	VO	DELETE	1.4 CITY 2.1 TITLE			Addition	
NAME	NICHOLS, WILLIAM L		2.2 NAMI		HOLDEN, TED	Z NOURUII	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUT	H	4	ET ADDRESS	5200 BRITTANY DRIVE SOUTH	ŀ	
CITY-ST-ZIP	ST. PETE FL	••	2.4 CITY		ST. PETERSBURG FL		
TITLE	SD	DELETE	3.1 TITLE			Addition	
NAME	SM ITH, JOHN R	•	3.2 NAM	.	FRANCIS, JOE		
STREET ADDRESS	5200 BRITTANY DRIVE, SOUT	H		ET ADDRESS			
CITY-ST-ZIP	ST. PETE FL		3.4. CITY	1	5200 BRITTANY DRIVE SOUTH	Ì	
TITLE	T	DELETE	4.1 TITLE		T PETERSBURG, FI. Change	Addition	
NAME	BULLERS, JOSEPH W.		4. 2 NAM	E	BULLER, JOESEPH	•	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUT	H	4.3 STREE	et address	5200 BRITTANY DRIVE SOUTH		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY	ST-ZIP	ST PETERSBURG, FL		
TITLE	D	₩ DELETE	5.1 TITLE			Addition	
NAME	Kerr, Berneice		5.2 NAME	:	MORGENROTH, WILLIAM	α	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUT	H	5.3 STREE	T ADDRESS	5200 BRITTAIN DRIVE SOUTH	} {\	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-	ST-ZIP	ST. PETERSBURG, FT.		
TITLE	8	DELETE	6.1 TITLE		D Change	Addition	
NAME	MEYER, CHAPMAN G.		6.2 NAME		SCHWARTZ, FRANK		
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH	1	6.3 STREE	ET ADDRESS		,	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 City-	ST - ZIP	5200 BRITTANY DRIVE SOUTH ST. PETERSBURG FL		
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							

4. I hereby certify that the information supplied with this filling 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

Al Shaver

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