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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90201 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719136**

1. Corporation Name  
**BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM CORPORATION, INC.**

Principal Place of Business 5055 BRITTANY DR., SOUTH ST PETERSBURG FL 33715	Mailing Address 5055 BRITTANY DR., SOUTH ST PETERSBURG FL 33715
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/17/1970
22 City & State	27 City & State	4. FEI Number 59-1514594
23 Zip 25 Country	28 Zip 30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

SHIPHORST, ANDREA L.  
 5055 BRITTANY DR S  
 ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name  
**STEPHANIE G. ERDMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5055 BRITTANY DR. SO.**

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 *Stephanie G. Erdman* DATE **4/5/99**

Signature, typed or printed name of registered agent and title if applicable. (NO E. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAVER, AL	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOLDEN, TED L	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRANCIS, JOE R	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BULLER, JOSEPH W.	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGENROTH, WILLIAM	
STREET ADDRESS	5200 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, FRANK	
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK SCHWARTZ	
2.3 STREET ADDRESS	5200 BRITTANY DR. SO.	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	THOMAS FOOTE	
4.3 STREET ADDRESS	5200 BRITTANY DR. SO.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOSEPH W. BULLERS	
5.3 STREET ADDRESS	5200 BRITTANY DR. SO.	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HENRY KALAPACA	
6.3 STREET ADDRESS	5200 BRITTANY DR. SO.	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	

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: *Frank Shaver* DATE: **4/8/99** DAYTIME PHONE #: **727-866-2655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)