

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 019 ****61.25

DOCUMENT # 719136 1. Entity Name BAYWAY ISLES - POINT BRITTANY FOUR CONDOMINIUM CORPORATION, INC.					
Principal Place of Business 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715 US			Mailing Address 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1514594	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOCH, KARIN 5055 BRITTANY DRIVE SOUTH SAINT PETERSBURG, FL 33715				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;">FL</div> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBSON, BRUCE		NAME		
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, FRANK		NAME		
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETROCY, PAUL		NAME		
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KALAPACA, HENRY		NAME	John Engel	
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS	5200 Brittany Dr. S.	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BULLERS, JOSEPH W		NAME	Daisy Sen	
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS	5200 Brittany Dr. S	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKI, IVAN		NAME		
STREET ADDRESS	5200 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <small>Date</small>		
			_____ <small>Daytime Phone #</small>		

40073133



03292006 Chg-NP CR2E037 (11/05)

FL

Zip Code

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

(127)

866-2655