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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723594 (8)
1. Corporation Name
BAYWAY ISLES-POINT BRITANNY FIVE CORPORATION

Principal Place of Business 5101 BRITANNY DR., SOUTH ST. PETERSBURG FL 33715-1501	Mailing Address 5101 BRITANNY DR., SOUTH ST. PETERSBURG FL 33715-1501
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/05/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1514722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 100.030, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SHPHORST, ANDREA L.
5101 BRITANNY DRIVE, S
ST PETERSBURG FL 33715**

10. Name and Address of New Registered Agent

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 607 0502 and 607 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 607 0505, Florida Statutes

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	EVANS, FRED	11 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, FRED	12 NAME LaFontaine, Virginia J.	
STREET ADDRESS	5220 BRITANNY DRIVE SOUTH	13 STREET ADDRESS 5220 Brittany Drive, South	
CITY, ST, ZIP	ST. PETERSBURG FL	14 CITY, ST, ZIP St. Petersburg, Fl. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	GIMNET, WILLIAM	21 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMNET, WILLIAM	22 NAME White, Calvin	
STREET ADDRESS	5220 BRITANNY DRIVE SOUTH	23 STREET ADDRESS 5220 Brittany Drive, South	
CITY, ST, ZIP	ST. PETERSBURG FL	24 CITY, ST, ZIP St. Petersburg, Fl. 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	LAFONTAINE, VIRGINIA	31 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFONTAINE, VIRGINIA	32 NAME Musselman, Glen	
STREET ADDRESS	5220 BRITANNY DRIVE SOUTH	33 STREET ADDRESS 5220 Brittany Drive, South	
CITY, ST, ZIP	ST. PETERSBURG FL	34 CITY, ST, ZIP St. Petersburg, Fl. 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	HOFMANN, JUNE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMANN, JUNE	42 NAME	
STREET ADDRESS	5220 BRITANNY DRIVE SOUTH	43 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	44 CITY, ST, ZIP	
TITLE D	CRIST, LOUISE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIST, LOUISE	52 NAME	
STREET ADDRESS	5220 BRITANNY DRIVE, SOUTH	53 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL	54 CITY, ST, ZIP	
TITLE D	FELDMAN, MORRIS	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MORRIS	62 NAME	
STREET ADDRESS	5220 BRITANNY DR SO	63 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL	64 CITY, ST, ZIP	

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 110 0730(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: Virginia J. LaFontaine April 27, 1995 813-866-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Virginia J. LaFontaine, President