

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 723594 (8)**  
1. Corporation Name  
**BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION**



Principal Place of Business: **5101 BRITTANY DR. SOUTH ST. PETERSBURG FL 33715-1501**  
Mailing Address: **5101 BRITTANY DR. SOUTH ST. PETERSBURG FL 33715-1501**

3. Date Incorporated or Qualified: **06/05/1972**  
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1514722**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SHIPHORST, ANDREA L.  
5101 BRITTANY 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<del>LAFONTAINE, VIRGINIA J</del>	
STREET ADDRESS	<del>5220 BRITTANY DRIVE SOUTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<del>WHITE, CALVIN</del>	
STREET ADDRESS	<del>5220 BRITTANY DRIVE SOUTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<del>MUSSELMAN, GLEN</del>	
STREET ADDRESS	<del>5220 BRITTANY DRIVE SOUTH</del>	
CITY-ST-ZIP	<del>ST. PETERSBURG FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFMANN, JUNE	
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIST, LOUISE	
STREET ADDRESS	5220 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, MORRIS	
STREET ADDRESS	5220 BRITTANY DR SO	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moyer, Philip W.	
1.3 STREET ADDRESS	5220 Brittany Drive, South	
1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alexander, John	
2.3 STREET ADDRESS	5220 Brittany Drive, South	
2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LaFontaine, Virginia	
3.3 STREET ADDRESS	5220 Brittany Drive, South	
3.4 CITY-ST-ZIP	St. Petersburg, Florida 33715	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zech, Horst	
4.3 STREET ADDRESS	5220 Brittany Drive, South	
4.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(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 25, 1996 813-866-2655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)