

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

**FILED**

**May 19 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 723594 (8)**

1. Corporation Name  
**BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION**



Principal Place of Business <b>5101 BRITTANY DR., SOUTH ST. PETERSBURG FL 33715-1501</b>	Mailing Address <b>5101 BRITTANY DR., SOUTH ST. PETERSBURG FL 33715-1565</b>
---	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>06/05/1972</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-1514722</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SHIPHORST, ANDREA L. 5101 BRITTANY DRIVE, S ST PETERSBURG FL 33715</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>5055 Brittany Drive S.</b>
		<b>83</b>	
		<b>84</b> City	<b>St. Petersburg</b>
		<b>FL</b>	<b>85</b> Zip Code <b>33715</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER, PHILIP W.	1.2 NAME	Bernard Rubinsky
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	1.3 STREET ADDRESS	5220 Brittany Drive S.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JOHN	2.2 NAME	Morris Feldman
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	2.3 STREET ADDRESS	5220 Brittany Drive S.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFONTAINE, VIRGINIA	3.2 NAME	Virginia LaFontaine
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	3.3 STREET ADDRESS	5220 Brittany Drive S.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFMANN, JUNE	4.2 NAME	June Hofmann
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	4.3 STREET ADDRESS	5220 Brittany Drive South
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIST, LOUISE	5.2 NAME	Zech Horst
STREET ADDRESS	5220 BRITTANY DRIVE, SOUTH	5.3 STREET ADDRESS	5220 Brittany Drive S.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	FELDMAN, MORRIS	6.2 NAME	
STREET ADDRESS	5220 BRITTANY DR SO	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Virginia LaFontaine* 4/23/97 (813) 866-2655  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051103

CFR2037 (9/96)