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04-26-1999 90201 001 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723594

1. Corporation Name

BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION

418970 - 90201 - 1

Principal Place of Business
 5055 BRITTANY DR., SOUTH
 ST. PETERSBURG FL 33715-1501

Mailing Address
 5055 BRITTANY DR., SOUTH
 ST. PETERSBURG FL 33715-1501



| | | | | | |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 06/05/1972 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-1514722 | |
| 24 Country | | 29 Country | | 30 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SHIPHORST, ANDREA L. 5055 BRITTANY DR S ST PETERSBURG FL 33715 | | | | 81 Name STEPHANIE G. ERDMAN | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 5055 BRITTANY DR. SO. | | | |
| | | | | 83 | | | |
| | | | | 84 City ST. PETERSBURG | | 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 (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | F'D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WHITE, CALVIN | 1.2 NAME | BERNIE COOGAN |
| STREET ADDRESS | 5220 BRITTANY DRIVE SOUTH | 1.3 STREET ADDRESS | 5220 BRITTANY DR. SO. # 801 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33715 |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUPINSKY, BERNARD | 2.2 NAME | MORRIS FELDMAN |
| STREET ADDRESS | 5220 BRITTANY DRIVE SOUTH | 2.3 STREET ADDRESS | 5220 BRITTANY DR. SO. # 909 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33715 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAFONTAINE, VIRGINIA | 3.2 NAME | |
| STREET ADDRESS | 5220 BRITTANY DRIVE SOUTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFMANN, JUNE | 4.2 NAME | |
| STREET ADDRESS | 5220 BRITTANY DRIVE SOUTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAYLOR, REX | 5.2 NAME | FRANCES KRUGER |
| STREET ADDRESS | 5220 BRITTANY DRIVE, SOUTH | 5.3 STREET ADDRESS | 5220 BRITTANY DR. SO. # 402 |
| CITY-ST-ZIP | ST. PETERSBURG FL | 5.4 CITY-ST-ZIP | ST. PETERSBURG FL 33715 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FELDMAN, MORRIS | 6.2 NAME | NORM LANDALL |
| STREET ADDRESS | 5220 BRITTANY DR SO | 6.3 STREET ADDRESS | 5220 BRITTANY DR. SO. # 1303 |
| CITY-ST-ZIP | ST PETERSBURG FL | 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: BERNIE COOGAN SIGNATURE REQUIRED BERNIE COOGAN DATE: 8 APR 99 787-866-2655

CR2E037 (1/98)