

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 027 ****61.25

0082415

DOCUMENT # 723594
 1. Entity Name
BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION

| | |
|---|---|
| Principal Place of Business 5055 BRITTANY DR. SOUTH ST. PETERSBURG FL 33715-1501 US | Mailing Address 5055 BRITTANY DR. SOUTH ST. PETERSBURG FL 33715-1501 US |
|---|---|

769208



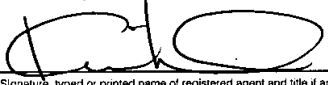
DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1514722 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent ERDMAN, STEPHANIE G 5055 BRITTANY DRIVE, SOUTH ST PETERSBURG FL 33715 | | 7. Name and Address of New Registered Agent Name KOCH, KARIN Street Address (P.O. Box Number is Not Acceptable) 5055 BRITTANY DR. S. City ST. PETERSBURG FL Zip Code 33715 | |
|---|--|---|--|

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.

SIGNATURE  **GENERAL MANAGER** DATE **5/3/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOGAN, BERNIE 5220 BRITTANY DRIVE, S., SUITE 801 ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PHIL MOYER 5220 BRITTANY DR. S. #910 ST. PETERSBURG, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FELDMAN, MORRIS 5220 BRITTANY DRIVE, S, SUITE 909 ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MICHAEL WAHL 5220 BRITTANY DR. S. #210 ST. PETERSBURG, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LAFONTAINE, VIRGINIA 5220 BRITTANY DRIVE SOUTH ST. PETERSBURG FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STAN LEVIN 5220 BRITTANY DR. S. #1501 ST. PETERSBURG, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOFMANN, JUNE 5220 BRITTANY DRIVE SOUTH ST. PETERSBURG FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WILLIAM SIMMET 5220 BRITTANY DR. S. #1003 ST. PETERSBURG, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRUGER, FRANCES 5220 BRITTANY DRIVE, S, #402 ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOUISE CRIST 5220 BRITTANY DR. S # 703 ST. PETERSBURG, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANDAU, NORM 5220 BRITTANY DRIVE, S, #1303 ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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:  **PHILIP MOYER** **5-8-01 727 8649904**

OR2E037 (10/00)