

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90042 008 ****61.25

DOCUMENT # 723594

1. Entity Name

BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION

Principal Place of Business

Mailing Address

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

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

429543



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1514722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCH, KARIN
5055 BRITTANY DRIVE, SOUTH
ST PETERSBURG FL 33715

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	PD	<input type="checkbox"/> Delete
NAME	MOYER, PHIL	
STREET ADDRESS	5220 BRITTANY DRIVE, S., SUITE 801	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WAHL, MICHAEL	
STREET ADDRESS	5220 BRITTANY DRIVE, S, SUITE 909	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVIN, STAN	
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMMET, WILLIAM	
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREST, LOUISE	
STREET ADDRESS	5220 BRITTANY DRIVE, S, #402	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Handwritten Signature]*

CR2E037 (9/01)