
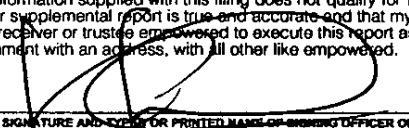


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 023 ****61.25

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		
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 Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOCH, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	RD <input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SWEDA, GERALD	NAME	Ray Cooper		
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS	5050 Brittany Dr. S		
CITY - ST - ZIP	ST PETERSBURG, FL 33715	CITY - ST - ZIP	St. Petersburg, FL 33715		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARDONA, DAN	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG, FL 33715	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, SEIKO	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG, FL 33715	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GELLER, BETTY	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG, FL 33715	CITY - ST - ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFMANN, JUNE	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG, FL 33715	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVIN, STAN	NAME			
STREET ADDRESS	5220 BRITTANY DRIVE SOUTH	STREET ADDRESS			
CITY - ST - ZIP	ST PETERSBURG, FL 33715	CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Karin Koch		4/28/06 727-866-2155	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	