


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 011 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1514722

Applied For
 Not Applicable

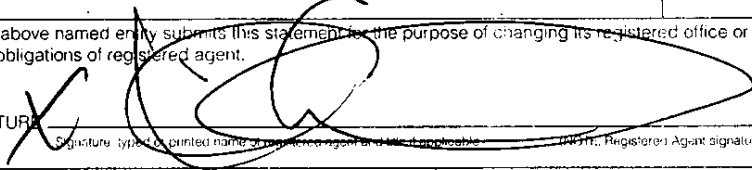
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KOCH, KARIN
 5055 BRITTANY DRIVE, SOUTH
 ST PETERSBURG, FL 33715**

7. Name and Address of New Registered Agent
 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:  **Karin Koch** DATE: **4/9/08**

Signature (typed or printed name, stamped or signed) and (if applicable) (Typed, Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDONA, DAN 5220 BRITTANY DRIVE SOUTH ST. PETERSBURG, FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKINNON, SARLIE 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GELLER, BETTY 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPP, ROBERT 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS, ARIANE 8220 BRITTANY DR S SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK ROBINSON 5220 BRITTANY DR. S., #508 ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONY DIPOFI 5220 BRITTAN DR. S. #503 ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GERALD SWOON 5220 BRITTANY DR. S. # 907 ST. PETERSBURG, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CATHY DOW 5220 BRITTANY DR. S. # 110 ST. PETERSBURG FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 equipment.

SIGNATURE:  **Treasurer** DATE: **4/9/08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR