

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716921

Entity Name: BAYWAY ISLES - POINT BRITTANY THREE CORPORATION, INC.**FILED**
Apr 19, 2017
Secretary of State
CC9825423239**Current Principal Place of Business:**5055 BRITTANY DRIVE SOUTH
ST PETERSBURG, FL 33715**Current Mailing Address:**5055 BRITTANY DRIVE SOUTH
ST PETERSBURG, FL 33715 US**FEI Number: 59-1514593****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOCH, KARIN
5055 BRITTANY DRIVE SOUTH
ST PETERSBURG, FL 33715 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	HITCHCOCK, RICHARD
Address	5130 BRITTANY DR S
City-State-Zip:	ST PETERSBURG FL 33715

Title	TREASURER
Name	BLOUIN, DONALD
Address	5130 BRITTANY DR S
City-State-Zip:	ST. PETERSBURG FL 33715

Title	PRESIDENT
Name	FONTAINE, NANCY
Address	5130 BRITTANY DR. S
City-State-Zip:	ST. PETERSBURG FL 33715

Title	VP
Name	GALEA, AGNES
Address	5130 BRITTANY DR. S
City-State-Zip:	ST. PETERSBURG FL 33715

Title	SECRETARY
Name	BUTTERMORE, BRUCE
Address	5130 BRITTANY DRIVE SOUTH
City-State-Zip:	ST. PETERSBURG, FL 33715

Title	DIRECTOR
Name	MYATT, GILBERT
Address	5130 BRITTANY DR. S
City-State-Zip:	ST. PETERSBURG FL 33715

Title	DIRECTOR
Name	BURTON, BOB
Address	5130 BRITTANY DR. S
City-State-Zip:	ST. PETERSBURG FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY FONTAINE**PRESIDENT****04/19/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date