

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716921

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC1298853084**

**Entity Name:** BAYWAY ISLES - POINT BRITTANY THREE CORPORATION, INC.

**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           TREASURER  
Name           HOGGATT, JAMES  
Address        5130 BRITTANY DR S  
City-State-Zip: ST PETERSBURG FL 33715

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

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

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

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

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

Title           DIRECTOR  
Name           MYATT, GILBERT  
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: JAMES HOGGATT**

**TREASURER**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date