FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:34

DOCUMENT # 254170 (4)

1. Corporation Name

BRIGHTWATERS TOWER OF SNELL ISLE INC

Principal Place of Business	Mailing Address
1365 SNELL ISLE BLVD N E ST PETERSBURG FL 33704	1365 SNELL ISLE BLVD N E ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1961
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-0948504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSBURN, BILLY K
10033 - 9TH ST., N.
ST PETERSBURG, FL
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, PATRICIA	1.2 NAME	
STREET ADDRESS	1365 SNELL ISLE BLVD., 6-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ZAMPARELLI, CHRISTIANE	2.2 NAME	
STREET ADDRESS	1365 SNELL ISLE BLVD., 7-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEE, ROSALIE	3.2 NAME	
STREET ADDRESS	1365 SNELL ISLE BLVD., 2D	3.3. STREET ADDRESS	
CITY-ST ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LONGSTAFF, DOROTHY	4.2 NAME	
STREET ADDRESS	1365 SNELL ISLE BLVD., 9-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	DALLGAARD, ALTON	5.2 NAME	VICTOR GRINVALDS
STREET ADDRESS	1365 SNELL ISLE BLVD., 8A	5.3 STREET ADDRESS	1365 SNELL ISLE BLVD. 5A
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Nichols PATRICIA NICHOLS 3/22/94 898-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000443 CP