

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 254170 (4)
1. Corporation Name
BRIGHTWATERS TOWER OF SNELL ISLE INC

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

Mailing Address
1365 SNELL ISLE BLVD N E
ST PETERSBURG FL 33704-2470



3. Date Incorporated or Qualified 12/19/1961
3a. Date of Last Report 03/25/1996
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME NICHOLS, PATRICIA
STREET ADDRESS 1365 SNELL ISLE BLVD., 6-A
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

1.1 TITLE DP
1.2 NAME Nichols, Patricia
1.3 STREET ADDRESS 10033 9th Street North
1.4 CITY-ST-ZIP St. Petersburg, Florida ☐ Change ☒ Addition

TITLE DV
NAME HAMM, EDWARD
STREET ADDRESS 1365 SNELL ISLE BLVD., #7C
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

2.1 TITLE DV
2.2 NAME Hamm, Edward
2.3 STREET ADDRESS 10033 9th Street North
2.4 CITY-ST-ZIP St. Petersburg, Florida ☐ Change ☒ Addition

TITLE STD
NAME LEE, ROSALIE
STREET ADDRESS 1365 SNELL ISLE BLVD., 2D
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

3.1 TITLE STD
3.2 NAME Lee, Rosalie
3.3 STREET ADDRESS 10033 9th Street North
3.4 CITY-ST-ZIP St. Petersburg, Florida ☐ Change ☒ Addition

TITLE D
NAME LONGSTAFF, DOROTHY
STREET ADDRESS 1365 SNELL ISLE BLVD., 9-A
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

4.1 TITLE D
4.2 NAME Longstaff, Dorothy
4.3 STREET ADDRESS 10033 9th Street North
4.4 CITY-ST-ZIP St. Petersburg, Florida ☐ Change ☒ Addition

TITLE D
NAME GRINVALOS, VICTOR
STREET ADDRESS 1365 SNELL ISLE BLVD 5A
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

5.1 TITLE D/T
5.2 NAME Zamparelli, Christiane
5.3 STREET ADDRESS 10033 9th Street North
5.4 CITY-ST-ZIP St. Petersburg, Florida ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 4/24/97 813 577 2200

CR2E034 (9/96)