

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716171** (4)

1. Corporation Name
BAYWAY ISLES-POINT BRITTANY TWO CONDOMINIUM CORPORATION, INC.

Principal Place of Business Mailing Address
5101 BRITTANY DR. SOUTH ST PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/10/1969	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1514595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHPHORST, ANDREA L.
5101 BRITTANY DR, SO
ST. PETERSBURG FL 33715**

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

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 _____ (Type or print name of registered agent and title of applicant) (If the Registered Agent's signature is required when registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	WEIHE, RUDOLPH
NAME	5108 BRITTANY DRIVE, SOUTH ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE VD	RONAN, GERARD
NAME	5108 BRITTANY DRIVE, SOUTH ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE SD	TREMPER, WILLIAM
NAME	5108 BRITTANY DRIVE, SOUTH ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE D	HORVATH, LOU
NAME	5108 BRITTANY DRIVE, SOUTH ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE D	HORVATH, LOU
NAME	5108 BRITTANY DRIVE, SOUTH ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	
TITLE D	JACOBSON, BRUCE O
NAME	5108 BRITTANY DR SO ST. PETERSBURG FL
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD
32 NAME	Hell, Charles
33 STREET ADDRESS	5108 Brittany Drive, South St. Petersburg, FL 33715
34 CITY, ST, ZIP	
41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD
42 NAME	Glen, Suzanne
43 STREET ADDRESS	5108 Brittany Drive, South St. Petersburg, FL 33715
44 CITY, ST, ZIP	
51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
52 NAME	Batchelor, Wallace
53 STREET ADDRESS	5108 Brittany Drive, South St. Petersburg, FL 33715
54 CITY, ST, ZIP	
61 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 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 under Section 199.032, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne H. Glen April 27, 1995 813-866-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)