

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 716171 (4)  
1. Corporation Name

BAYWAY ISLES-POINT BRITTANY TWO CONDOMINIUM CORPORATION, INC.



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

3. Date Incorporated or Qualified: 03/10/1969  
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: 59-1514595  
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  
SHIPHORST, ANDREA L.  
5101 BRITTANY DR, SO  
ST. PETERSBURG FL 33715

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEIHE, RUDOLPH		1.2 NAME	
STREET ADDRESS: 5108 BRITTANY DRIVE, SOUTH		1.3 STREET ADDRESS	
CITY-ST-ZIP: ST. PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE: <del>VD</del>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>ROMAN, GERARD-</del>		2.2 NAME	Cheshire, Lee
STREET ADDRESS: <del>5108 BRITTANY DRIVE, SOUTH</del>		2.3 STREET ADDRESS	5108 Brittany Drive, South
CITY-ST-ZIP: <del>ST. PETERSBURG FL</del>		2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>HELL, CHARLES</del>		3.2 NAME	Fassett, John
STREET ADDRESS: <del>5108 BRITTANY DRIVE, SOUTH</del>		3.3 STREET ADDRESS	5108 Brittany Drive, South
CITY-ST-ZIP: <del>ST. PETE FL</del>		3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>GLENN, SUZANNE-</del>		4.2 NAME	Glen, Suzanne
STREET ADDRESS: 5108 BRITTANY DRIVE, SOUTH		4.3 STREET ADDRESS	
CITY-ST-ZIP: ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BATCHELOR, WALLACE		5.2 NAME	Tremper, William
STREET ADDRESS: 5108 BRITTANY DRIVE		5.3 STREET ADDRESS	5108 Brittany Drive, South
CITY-ST-ZIP: ST. PETE FL		5.4 CITY-ST-ZIP	St. Petersburg, Fl. 33715
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <del>JACOBSON, BRUCE C-</del>		6.2 NAME	
STREET ADDRESS: <del>5108 BRITTANY DR SO</del>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <del>ST PETERSBURG FL</del>		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)(k), 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 Glenn April 25, 1996 813-866-2655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)