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FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

5101 BRITTANY DR., SOUTH  
ST PETERSBURG FL 33715

5101 BRITTANY DR., SOUTH  
ST PETERSBURG FL 33715-1565

3. Date Incorporated or Qualified  
03/10/1969

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1514595

Not Applicable

22 City & State

27 City & State

6. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
5055 Brittany Drive South

83

St. Petersburg, FL 33715

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

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	PD	<input type="checkbox"/> DELETE
NAME	WEIHE, RUDOLPH	
STREET ADDRESS	5108 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHESHIRE, LEE	
STREET ADDRESS	5108 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FASSETT, JOHN	
STREET ADDRESS	5108 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLEN, SUZANNE	
STREET ADDRESS	5108 BRITTANY DRIVE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BATCHELOR, WALLACE	
STREET ADDRESS	5108 BRITTANY DRIVE	
CITY-ST-ZIP	ST. PETE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TREMPER, WILLIAM	
STREET ADDRESS	5108 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President Suzanne Glen
1.3 STREET ADDRESS	5108 Brittany Drive S.
1.4 CITY-ST-ZIP	St. Petersburg
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President Lee Cheshire
2.3 STREET ADDRESS	5108 Brittany Drive S.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary/Treasurer John Fassett
3.3 STREET ADDRESS	5108 Brittany Dr. S., St. Pete, FL 33715
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director Wallace Batchelor
4.3 STREET ADDRESS	5108 Brittany Drive South
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director Weihe, Rudolph
5.3 STREET ADDRESS	5108 Brittany Drive S.
5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director William Tremper
6.3 STREET ADDRESS	5108 Brittany Drive S.
6.4 CITY-ST-ZIP	St. Petersburg, FL 33715

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 Glen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (03) 866-2655  
Date Daytime Phone \* 0051100

CR2E037 (9/96)