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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716171

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

Principal Place of Business 5055 BRITTANY DR., SOUTH ST PETERSBURG FL 33715	Mailing Address 5055 BRITTANY DR., SOUTH ST PETERSBURG FL 33715
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number -59-1514505- Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHIPHORST, ANDREA L
 5055 BRITTANY DR S
 ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name ERDMAN, STEPHANIE
82 Street Address (P.O. Box Number is Not Acceptable) 5055 BRITTANY DRIVE S.
83
84 City ST. PETERSBURG FL 85 Zip Code 33715

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: *Stephanie Erdman* **STEPHANIE ERDMAN, GEN. MGR.** 4-8-99
Signature, typed or printed name of registered agent, and title if applicable. (NO) E: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PASSETT, JOHN		1.2 NAME HARDAWAY, WILLIAM	
STREET ADDRESS 5108 BRITTANY DRIVE, SOUTH		1.3 STREET ADDRESS 5108 BRITTANY DRIVE S.	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TREMPEL, WILLIAM		2.2 NAME FRANCES, ROBERT	
STREET ADDRESS 5108 BRITTANY DRIVE SOUTH		2.3 STREET ADDRESS 5108 BRITTANY DRIVE S.	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HARDAWAY, WILLIAM		3.2 NAME PATRELL, OLLIE	
STREET ADDRESS 5108 BRITTANY DRIVE SOUTH		3.3 STREET ADDRESS 5108 BRITTANY DRIVE S.	
CITY-ST-ZIP ST. PETE FL		3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACHILLES, LILLIAN		4.2 NAME	
STREET ADDRESS 5108 BRITTANY DRIVE, SOUTH		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEITHE, RUDOLPH		5.2 NAME PASSETT, JOHN	
STREET ADDRESS 5108 BRITTANY DRIVE		5.3 STREET ADDRESS 5108 BRITTANY DRIVE S.	
CITY-ST-ZIP ST. PETE FL		5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BATCHELOR, JIM		6.2 NAME KUBIET, LEO	
STREET ADDRESS 5108 BRITTANY DRIVE SOUTH		6.3 STREET ADDRESS 5108 BRITTANY DRIVE S.	
CITY-ST-ZIP ST PETERSBURG FL		6.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Hardaway* **WILLIAM HARDAWAY**, 4-8-99, (727) 867-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)