

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 007 ****61.25

DOCUMENT # 723594 1. Entity Name BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION					
Principal Place of Business 5055 BRITTANY DR., SOUTH ST. PETERSBURG, FL 33715-1501 US			Mailing Address 5055 BRITTANY DR., SOUTH ST. PETERSBURG, FL 33715-1501 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04122007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1514722	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOCH, KARIN 5055 BRITTANY DRIVE, SOUTH ST PETERSBURG, FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEDA, GERALD 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARDONA, DAN 5220 BRITTANY DRIVE SOUTH ST. PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAN CARDONA 5220 Brittany Dr S St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SEIKO 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Seiko McKinnon 5220 Brittany Dr S St. Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, BETTY 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Betty Geller 5220 Brittany Dr S. St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFMANN, JUNE 5220 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Rupp 5220 Brittany Dr. S St. Petersburg FL 33715 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOPER, RAY 8220 BRITTANY DR S SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ariane Roberts 5220 Brittany Dr S St. Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dan Cardona</i></u> President 4/16/07 727-866-2655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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Division of Corporations

Annual Report

[Annual Report Help](#)Document Number
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Business Entity Name

BAYWAY ISLES-POINT BRITTANY FIVE CORPORATION

FEI Number **591514722**
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **5055 BRITTANY DR., SOUTH**
Suite, Apt. #, etc.
City, State **ST. PETERSBURG**, FL
Zip Code & Country **337151501 US**

Mailing Address

Address **5055 BRITTANY DR., SOUTH**
Suite, Apt. #, etc.
City, State **ST. PETERSBURG**, FL
Zip Code & Country **337151501 US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **KOCH**, **KARIN**,
- OR -

Business to serve as RA

Address (PO Box is not acceptable) **5055 BRITTANY DRIVE, SOUTH**
Suite, Apt. #, etc.
City, State **ST PETERSBURG**, FL
Zip Code & Country **33715 US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	CARDONA , DAN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address	5220 BRITTANY DRIVE SOUTH
City, State	ST PETERSBURG , FL
Zip Code & Country	33715

Title	VPD
Name (Last, First, Middle, Title)	ROBERTS , ARIANE , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address	5220 BRITTANY DRIVE SOUTH
City, State	ST. PETERSBURG , FL
Zip Code & Country	33715

Title	TD
Name (Last, First, Middle, Title)	MCKINNON , SARLIE , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address	5220 BRITTANY DRIVE SOUTH
City, State	ST PETERSBURG , FL
Zip Code & Country	33715

Title	SD
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Name (Last, First, Middle, Title)

GELLER

, BETTY

- OR -Entity Name to serve as
Officer/Director

Street Address

5220 BRITTANY DRIVE SOUTH

City, State

ST PETERSBURG

, FL

Zip Code & Country

33715

Title

SD

Name (Last, First, Middle, Title)

HOGAN

, SARAH

- OR -Entity Name to serve as
Officer/Director

Street Address

5220 BRITTANY DRIVE SOUTH

City, State

ST PETERSBURG

, FL

Zip Code & Country

33715

Title

D

Name (Last, First, Middle, Title)

RUPP

, ROBERT

- OR -Entity Name to serve as
Officer/Director

Street Address

8220 BRITTANY DR S

City, State

SAINT PETERSBURG

, FL

Zip Code & Country

33715

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.