

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 011 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1514722

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOCH, KARIN
5055 BRITTANY DRIVE, SOUTH
ST PETERSBURG, FL 33715**

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

Signature (typed or printed name, stamped agent and not applicable) (If State Registered Agent signature is required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CARDONA, DAN**
STREET ADDRESS **5220 BRITTANY DRIVE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **TD** ☒ Delete
NAME **MCKINNON, SARLIE**
STREET ADDRESS **5220 BRITTANY DRIVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33715**

TITLE **SD** ☐ Delete
NAME **GELLER, BETTY**
STREET ADDRESS **5220 BRITTANY DRIVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33715**

TITLE **D** ☐ Delete
NAME **RUPP, ROBERT**
STREET ADDRESS **5220 BRITTANY DRIVE SOUTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33715**

TITLE **VPD** ☒ Delete
NAME **ROBERTS, ARIANE**
STREET ADDRESS **8220 BRITTANY DR S**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition
NAME **FRANK ROBINSON**
STREET ADDRESS **5220 BRITTANY DR. S. #508**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TONY DIPOFI**
STREET ADDRESS **5220 BRITTANY DR. S. #503**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **GERALD SWAN**
STREET ADDRESS **5220 BRITTANY DR. S. #907**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CATHY DOW**
STREET ADDRESS **5220 BRITTANY DR. S. #110**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Gerald Swan **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08