

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **730785** (3)
1. Corporation Name
BAYWAY ISLES-POINT BRITTANY SIX CONDOMINIUM, INC

Principal Place of Business Mailing Address
N
5101 BRITTANY DR. SO
ST PETERSBURG FLORIDA 33715

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/25/1974** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1606083** Applied For Not Applicable
5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**SHIPHORST, ANDREA L.
5101 BRITTANY DRIVE, 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (agent or printed name of registered agent and the filer) application

NOTE: Registered Agent signature required when reappointing.

6411

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORZELLECA, STANLEY	12 NAME	
STREET ADDRESS	4900 BRITTANY DR S	13 STREET ADDRESS	
CITY- ST- ZIP	ST PETE, FL 00000	14 CITY- ST- ZIP	
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERIN, JOYCE	22 NAME	Mershen, Olivia
STREET ADDRESS	4900 BRITTANY DRIVE, SOUTH	23 STREET ADDRESS	4900 Brittany Drive, South
CITY- ST- ZIP	ST- PETERSBURG FL	24 CITY- ST- ZIP	St. Petersburg, Fl. 33715
TITLE	TD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBGSON, GEORGE	32 NAME	Guzik, Maryelise
STREET ADDRESS	4900 BRITTANY DR S	33 STREET ADDRESS	4900 Brittany Drive, South
CITY- ST- ZIP	ST PETE, FL 00000	34 CITY- ST- ZIP	St. Petersburg, Fl. 33715
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPERN, WILLIE	42 NAME	
STREET ADDRESS	4900 BRITTANY DR S	43 STREET ADDRESS	
CITY- ST- ZIP	ST PETE, FL 00000	44 CITY- ST- ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, PAUL	52 NAME	
STREET ADDRESS	4900 BRITTANY DR S	53 STREET ADDRESS	
CITY- ST- ZIP	ST PETE FL	54 CITY- ST- ZIP	
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZIK, MARYELISE	62 NAME	Dineen, Jerry
STREET ADDRESS	4900 BRITTANY DR S	63 STREET ADDRESS	4900 Brittany Drive, South
CITY- ST- ZIP	ST PETE FL	64 CITY- ST- ZIP	St. Petersburg, Fl. 33715

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 110.07(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: Paul M. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul M. Cunningham, Director

April 27, 1995

813-866-2655