

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
N 5101 BRITTANY DR. SO ST PETERSBURG FLORIDA 33715

3. Date Incorporated or Qualified **09/25/1974** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number **59-1606083** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **PD BORZELLECA, STANLEY**
STREET ADDRESS **4900 BRITTANY DR S**
CITY-ST-ZIP **ST PETE, FL 00000**
TITLE DELETE
NAME ~~MERSHEN, OLIVIA~~
STREET ADDRESS ~~4900 BRITTANY DRIVE, SOUTH~~
CITY-ST-ZIP ~~ST. PETERSBURG FL~~
TITLE DELETE
NAME **TD GUZIK, MARYELISE**
STREET ADDRESS **4900 BRITTANY DR S**
CITY-ST-ZIP **ST PETE, FL 00000**
TITLE DELETE
NAME ~~ALPERIN, WILLIE~~
STREET ADDRESS ~~4900 BRITTANY DR S~~
CITY-ST-ZIP ~~ST PETE, FL 00000~~
TITLE DELETE
NAME **D CUNNINGHAM, PAUL**
STREET ADDRESS **4900 BRITTANY DR S**
CITY-ST-ZIP **ST PETE FL**
TITLE DELETE
NAME ~~DINEEN, JERRY~~
STREET ADDRESS ~~4900 BRITTANY DR S~~
CITY-ST-ZIP ~~ST PETE FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **VD Alperin, Willie**
2.3 STREET ADDRESS **4900 Brittany Drive, South**
2.4 CITY-ST-ZIP **St. Petersburg, Fl. 33715**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **SD Dineen, Jerry**
4.3 STREET ADDRESS **4900 Brittany Drive, South**
4.4 CITY-ST-ZIP **St. Petersburg, Fl. 33715**
5.1 TITLE Change Addition
5.2 NAME **D Fowler, Ralph**
5.3 STREET ADDRESS **4900 Brittany Drive, South**
5.4 CITY-ST-ZIP **St. Petersburg, Fl. 33715**
6.1 TITLE Change Addition
6.2 NAME **D Mershen, Olivia**
6.3 STREET ADDRESS **4900 Brittany Drive, South**
6.4 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 119.07(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: *Maryelise Guzik* April 25, 1996 813-866-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)