## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

730785

(3)

## BAYWAY ISLES-POINT BRITTANY SIX CONDOMINIUM, INC.

| ,   | , i oligi omi omi i   |                                  |                               |   |  |  |
|---|---|----------------------------------|-------------------------------|---|--|--|
| Principal Place                                 | of Business   | Mailing Address                  |                               |   | BIGG BIDER DEDEK BIBIE BIDIT BEDIT BIDIT 1901  |  |
| N   |   | N                                |                               |   |  |  |
| 5101 BRITTNAY DR. SO 5101 BRITTNAY DR. SO       |   |                                  |                               | 1   |  |  |
| ST PETERSBURG FLORIDA 33715                     |   | ST PETERSBURG FLORIDA 33715-1565 |                               | 3. Date Incorporated or Qualified   | 3s. Date of Last Report                        |  |
|   |   |                                  |                               | 09/25/1974  | 05/01/1996                                     |  |
|   | ace of Business   | 2a. Malling Address              |                               | 4. FEI Number<br>59-1606083   | Applied For                                    |  |
| Suite, Apt.                                     | # pic   | Suite, Apt. #, etc.              |                               | 05 100000   | Not Applicable  \$8.75 Additionat              |  |
| 22  | #, Olc.   | 27                               |                               | 5. Certificate of Status Desired  | Fee Required                                   |  |
| City & State                                    | 9   | City & State                     |                               | 6. Election Campaign Financing  | \$5.00 May Be                                  |  |
| 23  |   | 28                               |                               | Trust Fund Contribution   | Added to Fees                                  |  |
| Zip   | Country 25  | Zip                              | Country<br>30                 | This corporation has liability for Florida Statutes                       | intangible tax under s. 199.032,<br>☐ Yes ☐ No |  |
| 24  | 9. Name and Address of Current                                      |                                  | 1301                          | 10. Name and Address of New Re  |  |  |
| 81 Name   |   |                                  |                               |   |  |  |
| CHIDHUS   | DOT ANDREA I  |                                  |                               |   |  |  |
| SHIPHORST, ANDREA L.<br>5101 BRITTANY DRIVE, SO |   |                                  | B2 Street A                   | Street Address (P.O. Box Number is Not Acceptable) 5055 Brittanv Drive S. |  |  |
| ST PETERSBURG FL 33715                          |   |                                  | 83                            | DU DITTE DI TVE 3.  |  |  |
| J. ( J. )                                       |   |                                  | 84 City                       |   | 85 Zip Code                                    |  |
|   |   |                                  | 1 3                           | . Petersburg.   | <b>FL</b> 33715                                |  |
| 11. Pursuant I                                  | to the provisions of Sections 617.050                               | 2 and 617,1508, Florida Statul   | es, the above-named           | corporation submits this statement for the r                              | ourpose of changing its registered             |  |
| agent Fai                                       | m familiar with, and accept the obliga                              | itions of, Section 617.0503, Fi  | orida Statutes.               | oration's board of directors. I hereby acce                               | prime appointment de regisioned                |  |
| SIGNATURE                                       |   |                                  |                               |   |  |  |
|   | Signature, typed or printed name of registered age:<br>OFFICERS AND |                                  | É: Registered Agent signature | required when reinstating)  ADDITIONS/CHANGES TO OFFICE                   | DATE   |  |
| 12.   | PD OFFICERS AND   | DELETE                           | 13.                           | President   | Change Addition                                |  |
| NAME  | BORZELLECA, STANLEY   | ( perent                         | 1.2 NAME                      | William Alperin   | La Change La Change                            |  |
| STREET ADDRESS                                  | 4900 BRITTANY DR S  |                                  | 1.3 STREET ADDRESS            | 4900 Brittany Drive   | ς .  |  |
| CITY-ST-ZIP                                     | ST PETE, FL 00000   |                                  | 1.4 CITY-ST-ZIP               |   | 33715  |  |
| TITLE   | VD  | ☐ DELETE                         | 2.1 TITLE                     | Vice President  | Change Addition                                |  |
| NAME  | ALPERIN, WILLIE   | •—                               | 2.2 NAME                      | Joyce Perrin  |  |  |
| STREET ADDRESS                                  | 4900 BRITTANY DRIVE, SOUT   | Н                                | 2.3 STREET ADDRESS            | 4900 Brittany Drive   | c  |  |
| CATY-ST-ZIP                                     | ST. PETERSBURG FL   | ••                               | 2.4 CITY-ST-ZIP               |   | 33715  |  |
| TITLE   | TD  | ☐ DELETE                         | 31 TITLE                      | Treasurer   | Change Addition                                |  |
| NAME  | GUZIK, MARYELISE  | -                                | 3.2 NAME                      | Ralph Fowler  |  |  |
| STREET ADDRESS                                  | 4900 BRITTANY DR S  |                                  | 3.3 STREET ADDRESS            | 4900 Brittany Drive   | South  |  |
| CITY-ST-ZIP                                     | ST PETE, FL 00000   |                                  | 3.4 CITY-ST-ZIP               |   | 3046II<br>2271E                                |  |
| TITLE   | SD  | DELETE                           | 4.1 TITLE                     | St. Petersburg, FL<br>Secretary   | Change Addition                                |  |
| NAME  | DINEEN, JERRY   |                                  | 4. 2 NAME                     | Jerry Dineen  |  |  |
| STREET ADDRESS                                  | 4900 BRITTANY DR S  |                                  | 4.3 STREET ADDRESS            | 4900 Brittany Drive   | <b>c</b>                                       |  |
| CITY-ST-ZIP                                     | ST PETE, FL 00000   |                                  | 4.4 CITY - ST - ZIP           | St. Petersburg, FL  | 33715  |  |
| TITLE   | D   | ☐ DELETE                         | 5.1 TITLE                     | Director  | Change Addition                                |  |
| NAME  | CUNNINGHAM, PAUL  |                                  | 5.2 NAME                      | Stanley Borzelleca  |  |  |
| STREET ADDRESS                                  | 4900 BRITTANY DR S  |                                  | 5.3 STREET ADDRESS            | 4900 Brittany Drive   |  |  |
| CITY - ST - ZIP                                 | ST PETE FL  |                                  | 5.4 CITY-ST-ZIP               | St. Petersburg, FL 3  |  |  |
| TITLE   | D   | DELETE                           | 6.1 TITLE                     | Director  | ☐ Change ☐ Addition                            |  |
| NAME  | Mershen, Olivia   |                                  | 6.2 NAME                      | Paul Cunningham   |  |  |
| STREET ADDRESS                                  | 4900BRITTANY DR S   |                                  | 6.3 STREET ADDRESS            | 4900 Brittany Drive   | <b>S.</b>                                      |  |
| CITY-ST-ZIP                                     | ST PETE FL  |                                  | 6.4 CITY - ST - ZIP           | St Petersburg Fl  |  |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Pfolda 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** 

NATURE AND TYPED OR PANTED AAME OF BIGNING OFFICER OR DIRECTOR

4-23-97 (813)866.2655 Date Date Daylong Profile 9 0051065

**FILED** 

May 19 1997 8:00am

Secretary of State