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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90202 050 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730785**

1. Corporation Name  
**BAYWAY ISLES-POINT BRITTANY SIX CONDOMINIUM, INC**

Principal Place of Business 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	Mailing Address 5055 BRITTANY DR S. ST PETERSBURG FL 33715
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/25/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1606083
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SHIPHORST, ANDREA L. 5055 BRITTANY DR S ST PETERSBURG FL 33715	10. Name and Address of New Registered Agent 81 Name ERDMAN, STEPHANIE. 82 Street Address (P.O. Box Number is Not Acceptable) 5055 BRITTANY DR S. 83 84 City ST. PETERSBURG FL 85 Zip Code 33715
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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 *Stephanie Erdman* **STEPHANIE ERDMAN, GEN. MGR.** 4-8-99  
Signature, typed or printed name of registered agent and title if applicable (NOT E. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE WILSON, LEONARD 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALPERIN, WILLIAM 4900 BRITTANY DR. S. ST. PETERSBURG, FL. 33715
TITLE VPD	<input checked="" type="checkbox"/> DELETE BURNS, ROBERT 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BORZELLECA, STANLEY 4900 BRITTANY DR. S. ST. PETERSBURG, FL. 33715
TITLE TD	<input checked="" type="checkbox"/> DELETE LANDAU, NORMAN 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PICARD, DONALD 4900 BRITTANY DR. S. ST. PETERSBURG, FL. 33715
TITLE SD	<input checked="" type="checkbox"/> DELETE DINEEN, JERRY 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PERRIN, JOYCE 4900 BRITTANY DR. S. ST. PETERSBURG, FL 33715
TITLE D	<input checked="" type="checkbox"/> DELETE CUNNINGHAM, PAUL 4900 BRITTANY DR S. ST PETERSBURG FLORIDA 33715	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BURNS, ROBERT 4900 BRITTANY DR S. ST. PETERSBURG, FL 33715
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William Alperin* **WILLIAM ALPERIN** (727) 867-9263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)