

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90348 002 \*\*\*\*61.25

<b>DOCUMENT # 730785</b> 1. Entity Name <b>BAYWAY ISLES - POINT BRITTANY SIX CONDOMINIUM, INC.</b>					
Principal Place of Business <b>5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715</b>			Mailing Address <b>5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1606083</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KOCH, KARIN 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOROBEC, WILLIAM</b>		NAME	<b>Terry Bishop</b>	
STREET ADDRESS	<b>4900 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS	<b>4900 Brittany Dr S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		CITY-ST-ZIP	<b>St. Petersburg, FL 33715</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARNSWORTH, VERN</b>		NAME	<b>Stanley Borzelka</b>	
STREET ADDRESS	<b>4900 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS	<b>4900 Brittany Dr. S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		CITY-ST-ZIP	<b>St. Petersburg, FL 33715</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PICARD, DONALD</b>		NAME	<b>Ragie DeLorenzo</b>	
STREET ADDRESS	<b>4900 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS	<b>4900 Brittany Dr. S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		CITY-ST-ZIP	<b>St. Petersburg, FL 33715</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SULLIVAN, ARDELL</b>		NAME	<b>Dave Mulligan</b>	
STREET ADDRESS	<b>4900 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS	<b>4900 Brittany Dr. S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		CITY-ST-ZIP	<b>St. Petersburg, FL 33715</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, FAY</b>		NAME		
STREET ADDRESS	<b>4980 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASHER, RUTH</b>		NAME		
STREET ADDRESS	<b>4900 BRITTANY DRIVE SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33715</b>		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.					
<b>SIGNATURE:</b> <b>Vern Farnsworth</b> 4128106 727-866-2255					