
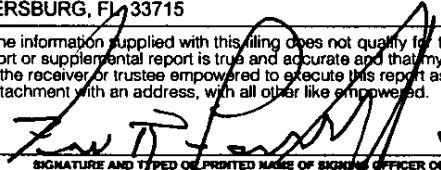


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 730785</b>					
1. Entity Name BAYWAY ISLES - POINT BRITTANY SIX CONDOMINIUM, INC.					
Principal Place of Business 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715			Mailing Address 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1606083	
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		
Koch, Karin 5055 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROBEC, WILLIAM		NAME	Terry Bishop	
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS	4900 Brittany Dr S	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNSWORTH, VERN		NAME	Stanley Borzelka	
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS	4900 Brittany Dr. S	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICARD, DONALD		NAME	Ragie DeLorenzo	
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS	4900 Brittany Dr. S	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, ARDELL		NAME	Dave Mulligan	
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS	4900 BRITTANY DR. S	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	St. Petersburg FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, FAY		NAME		
STREET ADDRESS	4980 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	D	Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, RUTH		NAME		
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		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.					
SIGNATURE: 		Vern Farnsworth		4/28/06 727-866-2255	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	