


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 006 ****61.25

DOCUMENT # 730785

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4122007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1606083 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, KARIN
 5055 BRITTANY DRIVE SOUTH
 ST PETERSBURG, FL 33715**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BISHOP, TERRY 4900 BEIHANY DR S SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rose Mary Barhoest 4900 Brittany Dr. S. St. Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORZELLECA, STANLEY 4900 BRITTANY DR. S SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vera Farnsworth 4900 BRITTANY DR S St. Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORENZO, REGGIE 4900 BRITTANY DR. S SAINT PETERSBURG, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reggie DeLorenzo 4900 BRITTANY DR S St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIGAN, DALE 4900 BRITTANY DR. S SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Len Wilson 4900 BRITTANY DR. S St. Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, RUTH 4900 BRITTANY DRIVE SOUTH ST PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President** 4/21/07 707 8607655
Signature and typed or printed name of signing officer or director Date Daytime Phone #



ATTACHMENT
40109445
Division of Corporations

Annual Report

Annual Report Help

Document Number
730785

Business Entity Name

BAYWAY ISLES - POINT BRITTANY SIX CONDOMINIUM, INC.

FEI Number **591606083**
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address **5055 BRITTANY DRIVE SOUTH**
Suite, Apt. #, etc.
City, State **ST PETERSBURG**, FL
Zip Code & Country **33715**

Mailing Address

Address **5055 BRITTANY DRIVE SOUTH**
Suite, Apt. #, etc.
City, State **ST PETERSBURG**, FL
Zip Code & Country **33715**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **KOCH**, **KARIN**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **5055 BRITTANY DRIVE SOUTH**
Suite, Apt. #, etc.
City, State **ST PETERSBURG**, FL
Zip Code & Country **33715** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40109445
~~# 730785~~

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title TD
 Name (Last, First, Middle, Title) BISHOP , TERRY , ,
- OR -
 Entity Name to serve as
 Officer/Director

Street Address 4900 BEIHANY DRS
 City, State SAINT PETERSBURG , FL
 Zip Code & Country 33715

Title D
 Name (Last, First, Middle, Title) BORZELLECA , STANLEY , ,
- OR -
 Entity Name to serve as
 Officer/Director

Street Address 4900 BRITTANY DR. S
 City, State SAINT PETERSBURG , FL
 Zip Code & Country 33715

Title D
 Name (Last, First, Middle, Title) DELORENZO , PEGGIE , ,
- OR -
 Entity Name to serve as
 Officer/Director

Street Address 4900 BRITTANY DR. S
 City, State SAINT PETERSBURG , FL
 Zip Code & Country 33715

Title SD

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Name (Last, First, Middle, Title) BARHORST , ROSE MARY , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 4900 BRITTANY DR. S
City, State SAINT PETERSBURG , FL
Zip Code & Country 33715

Title PD

Name (Last, First, Middle, Title) FARNSWORTH , VERN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 4900 BRITTANY DRIVE SOUTH
City, State ST PETERSBURG , FL
Zip Code & Country 33715

Title VPD

Name (Last, First, Middle, Title) WILSON , LEN , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 4900 BRITTANY DR S
City, State ST PETERSBURG , FL
Zip Code & Country 33715

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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