

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 010 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1606083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		Karin Koch		4/19/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, TERRY		NAME	CAROLYN NYGREN	
STREET ADDRESS	4900 BEIHANY DRS		STREET ADDRESS	4900 BRITTANY DR. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORZELLECA, STANLEY		NAME	DAVID SHAFFER	
STREET ADDRESS	4900 BRITTANY DR. S		STREET ADDRESS	4900 BRITTANY DR. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELORENZO, PEGGIE		NAME	RUTH LASHER	
STREET ADDRESS	4900 BRITTANY DR. S		STREET ADDRESS	4900 BRITTANY DR. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARHORST, ROSEMARY		NAME		
STREET ADDRESS	4900 BRITTANY DR. S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNSWORTH, VERN		NAME		
STREET ADDRESS	4900 BRITTANY DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LEN		NAME	LEN WILSON	
STREET ADDRESS	4900 BRITTANY DR S.		STREET ADDRESS	4200 BRITTANY DR. S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
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		Registered Agent		4/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	