

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730785

**Entity Name:** BAYWAY ISLES - POINT BRITTANY SIX CONDOMINIUM, INC.

**Current Principal Place of Business:**

5055 BRITTANY DRIVE SOUTH  
ST PETERSBURG, FL 33715

**Current Mailing Address:**

5055 BRITTANY DRIVE SOUTH  
ST PETERSBURG, FL 33715

**FEI Number:** 59-1606083

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HATHORN, ANNE  
150 2ND AVENUE N  
#1270  
ST PETERSBURG, FL 33701 US

*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.*

**SIGNATURE:** ANNE HATHORN

04/30/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARHORST, ROSE MARY  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            VP  
Name            LENZ, BOB  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            TREASURER  
Name            KERRINS, MARY LEE  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            SECRETARY  
Name            KWIATKOWSKI, SUSAN  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            DIRECTOR  
Name            DESTASIO, ANTHONY  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            DIRECTOR  
Name            BUCZKO, MARCIA  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

Title            DIRECTOR  
Name            SHIELDS, MARSHA  
Address        5055 BRITTANY DRIVE SOUTH  
City-State-Zip: ST PETERSBURG FL 33715

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSE MARY BARHORST

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date