

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730785

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

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC6636269496**

**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:**

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LENZ, BOB  
Address        4900 BRITTANY DR S  
City-State-Zip: SAINT PETERSBURG FL 33715

Title            SECRETARY  
Name            BARHORST, ROSE MARY  
Address        4900 BRITTANY DR. S  
City-State-Zip: SAINT PETERSBURG FL 33715

Title            DIRECTOR  
Name            STEIN, GINNI  
Address        4900 BRITTANY DRIVE S  
City-State-Zip: ST PETERSBURG FL 33715

Title            VP  
Name            MCDONALD, LOIS  
Address        4900 BRITTANY DR. S.  
City-State-Zip: ST. PETERSBURG FL 33715

Title            TREASURER  
Name            CANTON, LEO  
Address        4900 BRITTANY DR. S  
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: BOB LENZ**

**PRESIDENT**

**04/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date