

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001370

1. Entity Name

BAYFRONT CONDO OF NAPLES, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90066 041 ****61.25

Principal Place of Business

2150 GOODLETTE RD. SUITE 700
NAPLES FL 34102

Mailing Address

2150 GOODLETTE RD. SUITE 700
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWALM, JOHN M III
2375 TAMiami TRAIL N, SUITE 308
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Stephen P Hart
Street Address (P.O. Box Number is Not Acceptable) 4985 East Tamiami Trail
City Naples FL Zip Code 34113

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	HIGH, TOM M	
STREET ADDRESS	2150 GOODLETTE RD, SUITE 700	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	☒ Delete
NAME	SHERWOOD, TODD	
STREET ADDRESS	2150 GOODLETTE RD, SUITE 700	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	☒ Delete
NAME	WALLACE, STEVE	
STREET ADDRESS	2150 GOODLETTE RD, SUITE 700	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Mitch Mann	
STREET ADDRESS	401 Bayfront Place #3303	
CITY-ST-ZIP	Naples FL 34102	
TITLE	VPD	☐ Change ☐ Addition
NAME	George Gabb	
STREET ADDRESS	451 Bayfront Place #5206	
CITY-ST-ZIP	Naples FL 34102	
TITLE	VPD	☐ Change ☐ Addition
NAME	John Pfeleger	
STREET ADDRESS	401 Bayfront Place #3503	
CITY-ST-ZIP	Naples FL 34102	
TITLE	PD	☐ Change ☐ Addition
NAME	Margaret Cormier	
STREET ADDRESS	451 Bayfront Place #5202	
CITY-ST-ZIP	Naples FL 34102	
TITLE	SD	☐ Change ☐ Addition
NAME	Terese Deluca	
STREET ADDRESS	451 Bayfront Place #5406	
CITY-ST-ZIP	Naples FL 34102	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address, with all other like empowered.

SIGNATURE: Margaret Cormier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

817510



DO NOT WRITE IN THIS SPACE