

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001370

FILED
Apr 25, 2006
Secretary of State

Entity Name: BAYFRONT CONDO OF NAPLES, INC.

Current Principal Place of Business:

401-451 BAYFRONT PLACE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0986111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL, INC
4985 EAST TAMiami TRAIL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MCGUIRE, LILLIAN
Address: 451 BAYFRONT PLACE #5208
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: KIRKWOOD, DONALD
Address: 410 BAYFRONT PLACE #2502
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: TERESE, DELUCA
Address: 450 BAYFRONT PLACE #4303
City-St-Zip: NAPLES, FL 34102

Title: D (X) Delete
Name: CHEVALIER, KRISTEN COURY
Address: 410 BAYFRONT PL #2401
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: COGGESHALL, WILLIAM
Address: 205 GOVERNORS LANDING DR
City-St-Zip: MURRELLS INLET, SC 29576

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WILSON, BOB
Address: 450 BAYFRONT PLACE #4503
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SHROER, JERRY
Address: 401 BAYFRONT PLACE 3507
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON KIRKWOOD

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date