2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N00000001370

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:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 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: WILSON, BOB
Address: 450 BAYFRONT PLACE #4503
City-St-Zip: NAPLES, FL 34102

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

Title: SD ( ) Delete
Name: RUSSO, ROSEMARY
Address: 410 BAYFRONT PLACE, # 2307
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete
Name: SCHROER, JERRY
Address: 401 BAYFRONT PLACE 3507
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: COGGESHALL, WILLIAM
Address: 451 BAYFRONT PLACE, #5407
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: WADE, PETER
Address: 401 BAYFRONT PLACE, # 3201
City-St-Zip: NAPLES, FL 34102

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

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

I hereby certify that the information supplied with this filing does not qualify 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 04/15/2009

Electronic Signature of Signing Officer or Director — Date