

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001370

FILED  
Apr 08, 2011  
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:**

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  
Name: WILSON, BOB  
Address: 450 BAYFRONT PLACE #4503  
City-St-Zip: NAPLES, FL 34102

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

Title: VTD  
Name: ALDRIDGE, JOHN  
Address: 450 BAYFRONT PLACE, # 4401  
City-St-Zip: NAPLES, FL 34102

Title: VD  
Name: SCHROER, JERRY  
Address: 401 BAYFRONT PLACE 3507  
City-St-Zip: NAPLES, FL 34102

Title: VSP  
Name: KENNEDY, WILLIAM  
Address: 410 BAYFRONT PLACE, #2207  
City-St-Zip: NAPLES, FL 34102

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: DONALD KIRKWOOD

PD

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date