

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001385**

1. Entity Name  
**BAYFRONT PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**794 W ELKCAM CIR.  
MARCO ISLAND, FL 34145**

Mailing Address  
**P.O. BOX 423  
MARCO ISLAND, FL 34146**



01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3750914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE B  
1104 N COLLIER BLVD.  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000623889  
02/14/07-80013-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TSD
NAME	HENNING, JEFF
STREET ADDRESS	794 W. ELKCAM CIRCLE #2004
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V
NAME	COLE, ELAINE
STREET ADDRESS	794 W. ELKCAM CIRCLE #3002
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	P
NAME	SKELDON, BEN
STREET ADDRESS	790 W ELKCAM #101
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an attachment to this address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #