

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-20-2003 90156 036 ***61.25

DOCUMENT # N02000001385

1. Entity Name
BAYFRONT PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**247 N COLLIER BLVD., STE. 202
MARCO ISLAND FL 34145**

Mailing Address
**247 N COLLIER BLVD., STE. 202
MARCO ISLAND FL 34145**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
59-3750914

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM G ESQ
247 N COLLIER BLVD., STE. 202
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MORRIS, WILLIAM G ESQ
STREET ADDRESS	247 N COLLIER BLVD., STE. 202
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SHEA, TOM
STREET ADDRESS	247 N COLLIER BLVD., STE. 202
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	D <input type="checkbox"/> Delete
NAME	HENNING, JEFF
STREET ADDRESS	247 N COLLIER BLVD., STE. 202
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Henning
STREET ADDRESS	794 W. ELKCAM Circle #2004
CITY-ST-ZIP	Marco Island, FL 34145
TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elaine Cole
STREET ADDRESS	794 W ELKCAM CIRCLE #3002
CITY-ST-ZIP	Marco Island, FL 34145
TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE TREPICIONE
STREET ADDRESS	794 W ELKCAM #202
CITY-ST-ZIP	Marco Island, FL 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* **3-4-03 (239) 394-2386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)