

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3750914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MORRIS, WILLIAM G ESQ**
STREET ADDRESS **247 N COLLIER BLVD., STE. 202**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **SHEA, TOM**
STREET ADDRESS **247 N COLLIER BLVD., STE. 202**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HENNING, JEFF**
STREET ADDRESS **247 N COLLIER BLVD., STE. 202**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **T.D.** ☒ Change ☐ Addition
NAME **Jeff Henning**
STREET ADDRESS **794 W. ELKCAM CIRCLE #2004**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P.D.** ☐ Change ☒ Addition
NAME **Elaine Cole**
STREET ADDRESS **794 W ELKCAM CIRCLE #3002**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/D** ☐ Change ☒ Addition
NAME **JOE TREPICIONE**
STREET ADDRESS **794 W ELKCAM #202**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03 (239) 394-2386

Date

Daytime Phone #

CR2E037 (10/02)