


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90163 010 \*\*\*\*61.25

<b>DOCUMENT # N05000001950</b>	
1. Entity Name <b>BAYFRONT MARINA ASSOCIATION, INC.</b>	

Principal Place of Business <b>2150 GOODLETTE ROAD NORTH SUITE 700 NAPLES FL 34102</b>	Mailing Address <b>2150 GOODLETTE ROAD NORTH SUITE 700 NAPLES FL 34102</b>
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2. Principal Place of Business <b>436 Bayfront Place</b> Suite, Apt. #, etc.	3. Mailing Address <b>436 Bayfront Place</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>	4. FEI Number <b>03-0562543</b>	Applied For <input type="checkbox"/> Not Applicable
Country <b>USA</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BAYFRONT, INC. 2150 GOODLETTE ROAD NORTH SUITE 700 NAPLES FL 34102</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>436 Bayfront Place</b> City <b>NAPLES</b> FL <b>34102</b>
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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.

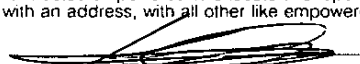
SIGNATURE  DATE **4/11/06** **04-10-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STONEBURNER, KEVIN L 2150 GOODLETTE ROAD NORTH, SUITE 700 NAPLES FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>436 BAYFRONT PLACE NAPLES, FL 34102-6454</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE  DATE **4/11/06** **239-649-8700**  
**04-10-06**