-- FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(5)

THE BAY FRONT OF NAPLES ASSOCIATION, INC.

C/O NEWELL PROPERTY MGMT___

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MGMT

FILED May 14 1997 8:00am Secretary of State



4100 CORPORATE SOURIE #166 4100 CORPORATE SOURIE 1 NAPLES FL 34104 4719		#166			
TAN-100-T L-00	 	TAPLES PL SHION-THE		3. Date Incorporated or Qualified 11/26/1986	3a. Date of Last Report 05/01/1996
#1481	Acopia Business (010010 to Sough	26 4/48A Colo	lot. SOM	4. FEI Number 59-2739383	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	0	5. Certificate of Status Desired	\$8.75 Additional Fee Required
LUDK	3.12	28 Nables		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 241	54 25 USA	29 F L 30	34104	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes DNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Res	stered Agent
NEWELL, WILLIAM 4100 CORPORATE GOUARE #100 NAPLES FL 83042 81 VEWELL (U) I (I a.M. 82 Stress Action for the second of the se					
	$ \Omega$		84 /11/A	Oles	FL 8534104
11. Pursuant office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, whit accept the obligati	and 617.1508, Florida Statutes, Florida Such change was aut ons of, Section 617.0503, Florid	the above-named of horized by the corpor la Statules.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE Signature, typed on a hed name of registered agent and tritle if applicable (NOTE (Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	MAYTUM, ROBERT		1.2 NAME		[5
STREET ADDRESS	1501 CHESAPEAKE AVE.,#1A		1.3 STREET ADDRESS		Į į
CITY-ST-ZIP	NAPLES FL	- Oriette	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		Change Addition
NAME	MAYTUM, MARK R.		O D NAME		
STREET ADDRESS	1501 Chicologue				
CITY-ST-ZIP	NAPLES FL 33962	Detete	2.4 CITY-ST-ZIP		Change Addition
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	MAYTUM, MARILYN 1501 CHESAPEAKE AVE.,#1B		3.2 NAME		
STREET ADDRESS	NAPLES FL 33962		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	M	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	NEWELL, WILLIAM	_ vereit	4. 2 NAME		
STREET ADDRESS	4100 CORPORATE SQUARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		4.4 City-St-Zip		
TITLE	THI ELO TE GOOTE	☐ DELETE	5.1 1ITLE		☐ Change ☐ Addition
NAME			5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	**		5.4 CITY-S1-ZIP		ļ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		
	by certify that the information supplied	with this filing does not qualify:		ted in Section 119.07(3)(i). Florida Statute	s. I further certify that the

Table the improvement of the corporation of the receiver of the conditions and that my signature shall have the same legal effect as if made under oath; that the 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 12 or Block 13 if changed, or on an attachment with an address.