

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17985** (5)
1. Corporation Name
THE BAY FRONT OF NAPLES ASSOCIATION, INC.



Principal Place of Business C/O NEWELL PROPERTY MGMT 4148 A CORPORATE SQ NAPLES FL 34104 US		Mailing Address C/O NEWELL PROPERTY MGMT 4148 A CORPORATE SQ NAPLES FL 34104 US		3. Date Incorporated or Qualified 11/26/1986
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2739383
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23. Zip	28. Zip	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent NEWELL, WILLIAM 4148 A CORPORATE SQ NAPLES FL 34104		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MAYTUM, ROBERT	1.2 NAME	MAYTUM, ROBERT
STREET ADDRESS	1501 CHESAPEAKE AVE., #1A	1.3 STREET ADDRESS	1501 Chesapeake Ave #1A
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	D	2.1 TITLE	D
NAME	MAYTUM, MARK R.	2.2 NAME	MAYTUM MARK R
STREET ADDRESS	1501 CHESAPEAKE AVE., #2A	2.3 STREET ADDRESS	1501 Chesapeake Ave #2A
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	STD	3.1 TITLE	STD
NAME	MAYTUM, MARILYN	3.2 NAME	MAYTUM, MARILYN
STREET ADDRESS	1501 CHESAPEAKE AVE., #1B	3.3 STREET ADDRESS	1501 Chesapeake Ave #1B
CITY-ST-ZIP	NAPLES FL 33962	3.4 CITY-ST-ZIP	NAPLES FL 34102
TITLE	M	4.1 TITLE	M
NAME	NEWELL, WILLIAM	4.2 NAME	NEWELL, WILLIAM
STREET ADDRESS	4100 CORPORATE SQUARE	4.3 STREET ADDRESS	4148A Corporate Square
CITY-ST-ZIP	NAPLES FL 33942	4.4 CITY-ST-ZIP	NAPLES FL 34104
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Maytum, Inc. **4/4/98** **714-673-3023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061203

CR2E037 (10/97)