


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90047 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17985 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/26/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2739383	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NEWELL, WILLIAM				81 Name	
4148 A CORPORATE SQ				82 Street Address (P.O. Box: Number is Not Acceptable)	
NAPLES FL 34104				83	
				84 City	
				FL 85 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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYTUM, ROBERT		1.2 NAME		
STREET ADDRESS	1501 CHESAPEAKE AVE., #1A		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYTUM, MARK R.		2.2 NAME		
STREET ADDRESS	1501 CHESAPEAKE AVE., #2A		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYTUM, MARILYN		3.2 NAME		
STREET ADDRESS	1501 CHESAPEAKE AVE., #1B		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		3.4 CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, WILLIAM		4.2 NAME		
STREET ADDRESS	4148A CORPORATE SQUARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.

SIGNATURE:

Robert A. Maytum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/98

Date

716-673-3023

Daytime Phone #

CR2E037 (11/98)