FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90145 017 ****61.25

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DOCUMENT # **N25180**

1. Corporation Name

BAYFRIONT GARDENS HOMEOWNERS ASSOCIATION, INC.

431186 - 90145 - 17

Principal Place of Business	Mailing Address
R & P PROPERTY MANAGEMENT 265 AIRPORT SOUTH NAPLES FL 34104 US	R & P PROPERTY MANAGEMENT 265 AIRPORT RD. S. NAPLES FL 34104 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/03/1988

4. FEI Number
65-0120316
☐ Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

R& P PROPERY MANAGEMENT INC.
265 AIRPORT RD. SOUTH
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☒ DELETE	1.1 TITLE	DP	☐ Change ☑ Addition
NAME	GRANT, DOUG		1.2 NAME	BARBARA CURICO	
STREET ADDRESS	239 BAYFRONT DR		1.3 STREET ADDRESS	241 BAYFRONT DRIVE	
CITY-ST-ZIP	BONITA SPGS FL		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	DP	☒ DELETE	2.1 TITLE	D VP	☐ Change ☑ Addition
NAME	BROOKS, STEVE		2.2 NAME	WAYNE BUSKE	
STREET ADDRESS	211 BAYFRONT DR		2.3 STREET ADDRESS	215 BAYFRONT DR	
CITY-ST-ZIP	BONITA SPGS FL		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DASH, UDAYA		3.2 NAME		
STREET ADDRESS	222 LELY BCH. BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPGS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4.20.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #