

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N25180

1. Corporation Name

BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

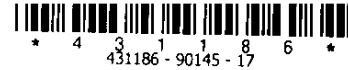
R & P PROPERTY MANAGEMENT
265 AIRPORT SOUTH
NAPLES FL 34104
US

Mailing Address

R & P PROPERTY MANAGEMENT
265 AIRPORT RD. S.
NAPLES FL 34104
US

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90145 017 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

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 PROPERTY 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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME GRANT, DOUG
STREET ADDRESS 239 BAYFRONT DR
CITY-ST-ZIP BONITA SPGS FL ☒ DELETE

TITLE DP
NAME BROOKS, STEVE
STREET ADDRESS 211 BAYFRONT DR
CITY-ST-ZIP BONITA SPGS FL ☒ DELETE

TITLE DS
NAME DASH, UDAYA
STREET ADDRESS 222 LELY BCH. BLVD.
CITY-ST-ZIP BONITA SPGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME BARBARA CURICO
1.3 STREET ADDRESS 241 BAYFRONT DRIVE
1.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME WAYNE BUSKE
2.3 STREET ADDRESS 215 BAYFRONT DR
2.4 CITY-ST-ZIP BONITA SPRINGS, FL 34134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0083576